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STANDARDS FOR GROUP CARE OF CHILDREN
PRE-SCHOOL SECTION

Introduction

The Oregon State Advisory Committee on Child Care, Health and Welfare recognizes that although women are needed as an essential part of the defense program and it is a public responsibility to provide appropriate care for children while mothers are employed, it should be emphasized that mothers who remain at home to provide care for children, are performing an essential patriotic service in the defense program. Home life is essential to the best development of children. The War Man Power Commission has issued a statement of policy "that employment of women with young children is not recommended until full use has been made of all other sources of local labor supply." If mothers must work outside of the home, special plans must be made to preserve the important elements of parent-child relations and family life at the time when the family can be together. During the hours when the mother is working, the children must be given care, which supplements that given at home, and which rounds out the plan for an appropriate twenty-four hour day for the child.

The provision for day care of children may be of several types: group care through nursery schools, day care centers, day nurseries and extended school services, care of children in their own homes by homemakers, and individual care in carefully selected foster family homes. The importance of unified community programs to meet adequately all needs for day care cannot be over emphasized. Although the scope of the committee's work in the preparation of standards has been limited to the area of group day care of children, the members are acutely aware of the importance of high standards in the other areas of day care. The committee recommends that children under two years of age should preferably not be given care in groups. This recommendation conforms with the opinion maintained by pediatricians, psychologists, and psychiatrists, who have had extended experience in child development.

Children of varying ages have different needs and require different types of care. In considering group care of children, the committee has divided children into groups according to ages, and has outlined standards with respect to staff, program and equipment to meet the needs of children in each age group. The following divisions are considered desirable:

1. Group care for children two to five years of age inclusive
2. Group care for children six to eleven years of age inclusive
3. Group care for children twelve to sixteen years of age inclusive

The age limits specified for these levels are meant to be approximate. In any given situation the division would vary according to the practical situation and the needs of the particular children in the group. In this matter the committee has intended the standards to be regarded as flexible, not fixed; it has tried to indicate what should be done for children of various ages.

The standards for group care of children here set forth are not intended to be "minimum" in the sense that every item must be accepted in order to guard the children from harm; they are meant to be standards of "good care" that the committee believes can and should approximate in all situations where group care is needed.

It is urgently recommended that in so far as possible facilities for group care of children be developed by the school system as an integral part of the educational program.

The members of the committee concurs with the statement set forth by the Committee on Standards of the Children's Bureau* that: any program for day care of children should provide-

1. Care and guidance that the mother would give is she were with the child.
2. Activities that are of value to the child in his growth and development.
3. A relationship with parents that involves their continuous initiative and participation in making and carrying out plans for the child.

*Report of the Committee on Standards and Services for Day Care authorized by the Children's Bureau Conference on Day Care of Children of Working Mothers, February, 1942, Bureau Publication 284.

PROVISION FOR CASE WORK SERVICES

In order to make community group care facilities for preschool children of working mothers available to those most urgently needing this type of care, it is highly desirable that specific admission policies be established. Sound admission policies basically require that careful social study be made at the time of application. Such studies should be made by a trained and experienced case worker able to evaluate individual family needs. The investigation of applications is an important step in gaining an understanding of relationships between the parents and the child, the effect of the mother's employment on the child considered for admission as well as other children in the home, and in understanding the total family situation. Careful study of applications will result generally in more permanent and sound placement plans for the child, and will reduce markedly haphazard temporary arrangements made by parents without the benefit of professional counsel which gives consideration to the total family needs.

The case worker serving a group care facility should be familiar with the operations of the program, readily available to receive referrals from the staff, and able to provide case work services to children and parents having special needs. Young children are closely identified with their parents and separation may have a detrimental effect on the child. This fact indicates further the importance of sound case work planning with parents to interpret adjustment problems of young children receiving care away from their homes, as well as interpreting the constructive experience the children may be receiving through a group care facility. The case worker should maintain a close contact with the children receiving care in order to work closely with those revealing symptoms of social maladjustment. She should be informed regarding community resources in order to refer parents to agencies equipped to deal with problems of a more serious nature.

If a case worker cannot be provided as a member of the staff, arrangements should be made to enlist the services of existing community agencies to provide case work services.

DEFINITIONS OF TERMS USED

1. Group care is congregate care of children two years of age or over who receive care in public or private day nurseries, play groups, kindergartens, child care centers and extended school services.

2. Child Care Centers provide a variety of coordinated services to children two years of age or over. Such centers generally provide recreational, nutritional, health and parent education programs as a part of their over-all service to children.

3. Nursery School is group care of children two to five years of age inclusive. The activities are educational and are directed toward the growth of the child. Special emphasis is placed on the mental, social, and emotional development of the child, including the formation of desirable habits and behavior patterns; an adequate health, nutritional, recreational, rest and physical care program; the development of an appreciation of music, art, and nature study; opportunities for the child to experiment with creative materials under the careful guidance of an adult, but without adult interferance; parent education through observation and participation in nursery school activities and through individual conference and group meetings with nursery school staff.

4. Day Nursery provides care for the young child, mostly custodial, rather than an all-around developmental program.

5. Play School is a group activity for children for a portion of a day which generally includes a developmental program.

6. Extended School Services are services to children under the administration of public or private schools, such as, nursery schools, kindergartens, and before-and-after school programs.

7. Kindergarten is a group of boys and girls from four to six, in the charge of and in an environment arranged by an intelligent, well-balanced, sympathetic person well taught in kindergarten philosophy and methods and using her knowledge and training actively for the benefit of each and all members of her class.

The standards described below are suggested as desirable for any form of group care for preschool children. This care should be based upon principles that will insure the value of the program to the child.

For this type of care there should be

I. A Staff that has-

A. The following responsibilities:

1. The guidance of the child to provide for his physical, mental, social and emotional growth.

2. The maintenance of a health program which requires specially trained personnel.

3. The recognition of family needs and family counseling.

4. The provision for housekeeping so that

a. Meals are properly planned, prepared and served.

b. Plant and equipment are maintained in safe and sanitary condition.

5. The keeping of records.

6. The observance of ethical procedures; all information concerning the child and his family to be held in confidence.

B. The personnel whose personal qualifications include:

1. A real interest in and an understanding of the child.

2. An emotional maturity which enables the individual to maintain good relationships in working with others and to meet emergencies calmly and with clear thinking.

3. A pleasing voice and correct use of English.

4. A care in personal grooming.

5. An honesty in respect to property and facts.

C. A sufficient number of teachers for each group care unit to assure-

1. One teacher for every eight or ten children enrolled in the group.

2. A minimum of two adults for each group however small.

(It is recommended that no group shall include more than 30 children between two and five years of age inclusive and if possible the number should be limited to 24 children.)

D. The following members for each unit of 30 children:

1. One head teacher or director.

2. A minimum of one assistant teacher and a sufficient number of additional assistants to maintain at all times the above ratio between teachers and children. (Where group care units are operated for full day sessions the staff should be increased and no one should work with children for more than 6 hours each day, thereby freeing time for record keeping, reports, and necessary preparation. Staff programs should be so arranged that children are never left without supervision by some responsible adult.)

3. A cook.

4. A janitor or housekeeper.

E. Certain standards and qualifications for its members.

1. A head teacher or director in charge of a group, who has the training, experience and personality that enables her *

*a. To understand what can be expected of the child at the different age levels within the preschool period and to recognize individual needs: physical, mental and emotional.

*b. To plan a program that will include the physical care as well as the guidance needed by individual children and that at the same time will offer opportunities for the development of the group.

*c. To offer opportunity to the children for music, conversation, poetry, stories, work with materials, group play, etc.

*d. To provide wise discipline.

This implies an adult-child relationship including warmth and affection as well as firmness and consistency.

*e. To co nsider the varying backgrounds of the children and to work closely with the parents.

*f. To recognize family needs and to help parents find ways to meet them in cooperation with other agencies.

*g. To understand any emergency conditions under which the children may be living and to adapt the program to fit these conditions.

*h. To fit the activity of the group into the program, regulations, etc., of the organization with which it is connected and into the community program of which it is a part.

* Standards for Day care of Children of Working Mothers. Children's Bureau Publications No. 284, page 2

i. To be a college graduate with a minimum training in:

(1) Nursery school or kindergarten education

(2) At least 80 hours of observation and participation in nursery school or kindergarten

(3) A minimum of 30 days of supervised practice teaching in nursery schools or kindergarten (6 term credits)

(4) Basic courses in

(a) Psychology (6 term credits)

(b) Courses in child development which includes the fundamentals of physical, mental, emotional and social development. (6 term credits)

(c) Knowledge of physical and mental hygiene.

(d) First Aid.

(e) Child Nutrition

(f) Family relationships

(g) School-home relationships

(h) Community resources

(i) Desirable additional courses but not required are psychology, music, speech, food preparation, and household management.

2. Assistant teachers who have a minimum of two years of college with the basic courses as suggested above.

(It is recommended that the assistant teacher should approach as nearly as possible those standards designated by Children's Bureau Publication No. 284 so that she can cooperate more closely with the program and be

qualified to carry on the activities if the head teacher should find it necessary to be absent.)

3. Volunteers who are high school graduates having additional training in the basic courses suggested above or who have satisfactorily completed the training courses recommended for Oregon volunteers in child care.

4. Nursery aids who are trained in high school home making Victory courses and who may become volunteers. (After the completion of a minimum of 80 hours of volunteer services in addition to the preliminary training, upon recommendation of those in charge of the child care group, volunteers may become eligible to receive compensation for their services.

Inservice training and refresher courses are recommended for all teachers and especially for those who are engaged in volunteer service or for those whose training is not recent.)

II. A program that includes--

A. A schedule of daily activities so planned that--**

1. The educational program is adapted to the mental level of the child. (Where the age range of the group is from two to five years it may be desirable to divide the children into two groups for at least a part of the activities such as music, stories, etc.)

**Special attention is called to the importance of numbers 15 and 17.

2. A happy, cheerful atmosphere prevails and there is an avoidance of favoritism.

3. The guidance of the child is based on his individual needs.

4. The child's personality is respected.

5. There is an opportunity for the child to learn the technique for settling differences fairly, and by himself.

*6. There is opportunity for the children to play alone or with other children and to work out good social relationships on their own level.

*7. There is time for a variety of free spontaneous activity by the children in active play, with materials, music, stories, nature, etc.

*8. There is time allowed for the children to do things for themselves and to take responsibility for their own care as they are able.

*9. The members of the staff are able to guide the children well in learning good habits, useful skills, wholesome attitudes.

*10. There is reasonable regularity with a similar sequence of events for the children from day to day, that is, regular daily provision for play, eating, sleeping, toileting, washing, etc.

*11. The children's physical needs are adequately cared for.

*12. There is ample outdoor activity, the amount depending on weather conditions.

*13. There can be changes in the order of events or in the time given to them.

*14. The appropriate members of the staff can consult with the parents individually or in groups.

*15. Necessary administrative details can be cared for without neglect of children or parents.

*16. The appropriate staff members can take part in general community planning for day care of children.

*17. The details of keeping the plant and equipment clean and in order can be carried on without endangering the children's health or safety or undesirably interfering with their activities.

B. Provision for active relationship between parents and the program of group care and guidance. This should include--

*1. Initial and continuing parent consultation concerning the needs of individual children and of families and the extent to which these needs can be met at home, in the group, or through other sources.

*2. Planning so that parents can become familiar with the group program, through observation or discussion

*Nos. 6 to 17 inclusive--Standards for Day Care of Children of Working Mothers, Children's Bureau Publication, No. 284, pp 4-5.

with staff members, or sometimes active participation in the day's activities.

*3. Providing such individual consultation or group meetings for parents as they may wish, for discussion and for planning for the care of their children and fulfillment of their family needs.

C. Keeping of records needed to meet administrative requirements and to insure knowledge of individual needs of children and families.

This should include--

1. Full names of both parents, name and date of birth of each child in the family, family's home address, work addresses, and telephone numbers, names and addresses of relatives or others at least one out of town (listed in order of preference) who could be notified in case of emergency. Names and telephone numbers of physicians (listed in order of preference) that parents would prefer called in case of illness or an emergency. The above record should be prepared in duplicate and one copy filed in a fireproof box in the Nursery School and the other in the office of a designated agency. Parents should be informed that in case of an emergency resulting in the separation of parents and children, contact should be made with said agency.

2. The wearing of an identification tag which states the name and address of the child.

3. Careful record of all physical examinations and of

other matters relating to each child's health.

*4. Date when each child enters group and date when each leaves.

*5. Accurate records of daily attendance of each child, including reason for absence.

*6. Record of the progress of each child, to serve as a guide for planning to meet his needs. This record may be a simple card file in which the staff keeps appropriate notes. When specialized members of the staff are employed, the records may include greater detail in regard to the child's physical and mental development, interviews with parents, and cooperation with other agencies.

*7. Some kind of report (not necessarily written) to parents, on food served, rest taken, bowel movement, and any unusual behavior.

*8. A record of receipts and expenditures.

D. Provision for health care.

This should include--

1. Adequate safety measures to prevent accidents and communicable diseases.

a. Admission medical examination

(1) A physical examination by a physician licensed to practice medicine and surgery in the state of Oregon should be made on all children prior to

* Standards for Day Care of Children of Working Mothers, Children's Bureau Publication, No. 284, p. 7.

admission.

(2.) Before the child is enrolled, a statement should be sent to the child care center stating that the child is free of communicable disease and has no handicaps or illness that require special care on the part of the staff personnel.*

(3). A parent or guardian of the child should be present with the child and doctor at the time of examination.

b. Immunization.

(1). Immunization against diptheria and smallpox should given to all children before admission or plans made for starting these immunizations within one week of admission.

(2), All children under three years of age should be immunized against whooping cough.

c. Daily inspection.

(1). Daily inspection by a nurse or other qualified persons should be made before a child enters the group and before the mother or the guardian leaves the child care center.

(2). No child who is ill or suspected of being ill should be permitted to come in contact with the other children.

(3). If a child is exposed to a communicable disease the proper quarantine regulations of the State Board of

* It is advised that children who have epilepsy, diabetes, moderate or severe cardiac conditions, mental deficiency, or congenital spastic disease should not be given care in general group care programs.

Health must be enforced. (A suitable chart outlining these regulations may be obtained from the State Board of Health, Portland, Oregon.

(4). After absence due to a communicable disease, a health certificate should be obtained from a physician. If not provided, the child should be isolated until a certificate is secured.

d. Provision for emergency first aid:

(1). A first aid depot containing such first aid equipment as recommended by the State Board of Health or the American Red Cross should be provided in all day centers. The extent of these supplies should be governed by how large or small the day care center may be and how many children are expected to be served.

(2). The medicine chest should be located in a convenient place known to all members of the staff but locked and out of reach of the children.

(3). It is advised that a second key to this chest be given to a responsible person outside of the child care center staff.

(4). As a minimum the following supplies should be available in the medicine chest:

(a). Roll, 1 inch bandage
(b). Roll, 2 inch bandage
(c). Roll, 1 inch adhesive tape
(d). Package sterile gauze squares(about 3" x 3")
(e). One square yard sterile gauze
(f). Two dozen, 1 inch compresses or adhesive ("Band-aids")
(g). One triangular bandage.

(h). Suitable antiseptic such as alcohol, metophen, methylate or mercresin.

(i). Tube burn ointment (5% tannic acid jelly preparation): greasy ointments are to be avoided.

e. Isolation facilities

(1). All day care centers should provide a separate room for isolation of any child who becomes ill or may be suspected of developing a communicable disease.

(2). The room should be well ventilated, should be equipped with a suitable place to lie down and have toilet facilities.

(3). Play materials which can be sterilized or destroyed should be provided.

(4). If more than one child must be isolated, they should be separated by a suitable screen and placed so their heads are not in close proximity.

(5). In event of a communicable disease outbreak in the child center, no new admissions should be made until the period of incubation of the specific disease is over and no new cases have appeared.

(6). Parents of the exposed children should be told of the exposure and given advice regarding quarantine regulations.

2. Such care as to insure that the child maintains good health.

a. Provision for referral for corrective treatment

(1). Provision should be made for referral of the child for corrective medical and dental treatment to insure that the child is brought up to his maximum state of health.

(2). Such corrective treatment might include teeth, eyes, posture, structural deformities, etc.

(3). The staff should co-operate with the parents and the family physician in such referrals.

b. Provision for examination of staff members.

(1). Only those persons free from communicable disease should care for the children or their food.

(2). All staff members including volunteers should have a complete physical examination including tubercular test and laboratory tests as indicated.

(3.) The health reports should be filed with the director of the group care center.

E. Plans for an adequate diet

This should include--

1. A midday meal for the preschool child which should provide one third or more of his total day's need.
2. A mid-morning lunch consisting of fruit juice.
3. A mid-afternoon lunch consisting of milk and wafers.
4. A plan whereby the nursery school meals are a part of the total day's intake.

5. A provision to make available to parents the amounts and kinds of food provided at the nursery school. The food needs of the child will be met if the following foods are included daily in sufficient amounts:

Food	Day's need	Served at Day Care Center
Milk	3 to 4 measuring cups	1 cup at noon meal ½ to 1 cup as mid-meal drink or in cooking
Eggs	1	At noon meal on days when meat, fish or cheese are not served
Meat or fish	2 to 4 Tablespoons	On days alternating with eggs or cheese. Liver once a week.
Cooked Vegetable Potatoes	2 to 4 Tablespoons	Often at noon if not served at home
Other Vegetables (Often green leafy or yellow)	2 to 4 Tablespoons	Daily to supplement home meals
Raw Vegetables	Small Amount	Daily, such as carrots, turnips, celery, lettuce, cabbage or some raw fruit, served in small pieces or chopped in sandwiches
Fruit for Vitamin C	1 serving ¼ cup juice ½-3/4 cup tomato juice	If not served at home orange, grapefruit or tomato juice at noon meal or as mid-morning or mid-afternoon lunch
Other Fruit	¼ to ½ cup	If not served at home may be used as dessert at noon.
Bread	3 to 5 slices	One slice or more
Butter or Vitamin A margarine	2 Tablespoons	Use liberally on bread
Other cereals	¼ to ½ cup	
Fish liver Oil	To supply 400 I.U. Vitamin D.	May be given with fruit juice mid-morning

6. The conservation of food values by proper methods of cooking and storing.

7. The establishment of proper food habits as an important factor in the child's development by encouraging:

   (a). Rest and relaxation before eating.

   (b). Comfortable position at the table, protective bibs and table covering.

   (c). The use of dishes a nd equipment suited to little hands.

   (d). Serving food attractively and in a form easily managed.

   (e). A casual attitude on part of the teacher toward eating, expectation of the child to eat the food prepared in amounts suited to his needs.

   (f). The introduction of new foods gradually and in small amounts (young children tend to refuse new food).

   (g). The serving of small portions so the child can clear his plate and return for more if desired.

   (h). The supervisor to eat with the children as an opportunity to set good examples and encourage pleasant, happy attitudes.

   (i). The referral to a physician for study and recommendation the child who persistently refuses to eat or lacks appetite.

   (j). The intake of fluid on a regular schedule.

III. A plant and equipment that include--

A. Plant conforming to the following specifications:

1. Location-

   a. The nursery school should, whenever possible, be located on the first floor of a safe building that is easily accessible to the community it serves.

b. Rooms above the first floor should be used only in a building that is completely fireproof.

c. A basement room more than three feet below surface, or one that has damp floors or walls should not be used.

d. Cement floors should be avoided if possible.

2. Safety and sanitation--

a. The building should conform to state and local building sanitation and fire laws.

b. Safe standards should be maintained by the group in charge.

c. All exits should open outward.

d. Outside fire escape slides should be provided for any room above the first floor.

3. Construction--

a. The building should be so constructed that it is dry at all times.

b. Windows, doors, stoves and pipes should be protected.

c. Screens for doors and windows should be provided in fly season.

d. Floors should be free from splinters, easily cleaned, and warm.

e. Ceilings should be sound-proof if possible.

f. Blackout curtains should be provided when necessary.

4. Play Space--

a. Indoor pla y space should provide 35 square feet per child in order that the child may carry on suitable activities without being forced into crowded groups.

b. Outdoor play space should be so arranged that--

(1). The surface is well drained.

(2). Both sunshine and shade are available during part of the morning and afternoon.

(3). A covered space connected with the main building can be used in all kinds of weather.

(4). The playground is free from hazards and suitably inclosed by fence and gate with a secure lock.

5. Light and ventilation

a. The ratio of light area to floor area should be one to four.

b. Artificial light should be available when necessary.

c. Ventilation should be adjusted by either an adequate mechanical system, or w indows that can be opened from the top.

d. Three hundred cubic feet of air space per child should be allowed indoors.

6. Temperature--

Some method of heating should be provided which insures an even temperature of approximately 70 degrees at a point two feet from the floor.

7. Arrangement of rooms should include--

a. Play rooms: two play rooms are desirable in order that children may be divided according to age.

b. Sleeping rooms: a separate sleeping room allowing a space of two or more feet around each cot should be provided.

c. Toilet and washroom:

Toilet and washroom should be easily accessible to play rooms and playground and large enough so children can take care of themselves under adult supervision.

d. Kitchen:

The kitchen should have adequate space for cooking, refrigeration, storage and dishwashing.

e. Locker space:

Locker space should be large enough for each child's clothing to be hung in separate partitioned compartments.

f. Other rooms:

(1). There should be special space for morning inspection and physical examination of the children and for isolation of the child who is ill.

(2). Rest room and toilet room for staff members should be provided.

(3). There should be waiting space for use of parents.

(4). Adequate space for record files should be considered.

B. Equipment adequate to the child's need.

Equipment should be safe, accessible to the child, and should allow for activities appropriate to the stage of development.

1. Play equipment.

a. Should be so constructed that there are no sharp, rough, loose or pointed parts, protruding nails, or splinters that might injure the child. Paint should be lead free and washable.

b. Should include such types as--

(1). Both indoor and outdoor apparatus that allows for large muscle activity such as: swings, boards, boxes, kegs, climbing equipment, large building blocks, and things that can be pushed and pulled.

(2). Manipulative and experimental creative material, such as: sand, clay, paints, crayons, paper, blocks, scissors, manual training tools, etc.

(3). Play and dramatizing toys, such as: dolls, housekeeping equipment, toy furniture, pieces of cloth, trains, airplanes, gardening tools, toy animals, balls, etc.

(4). Materials for esthetic experience and enjoyment, such as: books, pictures, music.

(5). Materials used in giving children simple experiences in science, such as: large magnifying glass, magnet, prism, clock, scales, set for liquid measure, set for dry measure, mirror, terrarium, water tank, etc.

(6). Equipment for care of nursery school pets and plants.

2. Equipment for routine procedure should include--

a. Tables and chairs of suitable heights and sizes to meet each child's need.

b. A desk with drawers for teacher's records.

c. A bulletin-board for parents and teachers.

d. Adequate eating equipment that the child can handle easily.

e. Individual sleeping cot for each child.

f. Individual sheets and blankets.

g. A minimum of 1 toilet of suitable size to ten children. divided toilet seats are recommended.

h. A minimum of 1 basin of suitable height to every seven children.

i. Individual toilet articles and a suitable rack to hold towels and was cloths.

j. Individual lockers for children's clothes which are kept at school.

3. Kitchen equipment should provide--

a. Proper cooking facilities and refrigeration.

b. An adequate water supply and garbage disposal.

Appendix

In her nursery school work, the teacher may find occasion to desire certain specialized services for the children and their families. The following lis t of community resources is suggestive of some of the services she might wish to use:

1. Child Guidance Clinics. The University of Oregon Traveling Child Guidance Clinic and Child Guidance Clinic of the Portland Public Schools offer service to children with behavior deviations.

2. County Public Welfare Commissions for:

   a. Foster Day Care Homes. A Foster Day Care Home is a private home which provides care for a child during the day while the parent is working. It has been found that some children are unable to adapt themselves to a nursery group and need the individual care offered by a private family. Occasionally a child may have special health or behavior problems which make foster day care homes preferable. It has been found that a foster day care home particularly meets the needs of a child under two years of age.

   b. Full time foster care. Frequently it seems that for the best interests of the child, care must be provided for the child away from his own home on a fulltime basis. Foster homes are licensed by the State Public Welfare Commission in accordance with the state laws.

   c. Family casework. The nursery school teacher may learn that some of the families utilizing the nursery school are faced with special problems. If casework service is needed, referral can be made to the County Public Welfare Commissions.

   d. Counselling Service. Parents who are working or who plan to work and are desirous of making adequate plans for their children may be referred for Counselling Service to the County Public Welfare Commissions.

3. Private Child Caring Agencies. The private child caring agencies in the state offer casework services to children and generally speaking, provide two types of care:

   a. Foster Home Care. At the present time the following agencies offer this type of service:

      (1). Boys and Girls Aid Society
      (2). Oregon Protective Society
      (3). Catholic Charities
      (4). Waverly Baby Home
      (5). Children's Farm Home
      (6). Jewish Shelter Home

b. Institutional care is available as follows:

(1). Catholic Charities supervises the following institutions:

(a). Christie Home for Dependent Girls
(b). St. Agnes Home for Babies
(c). St. Rose Home for Delinquent Girls
(d). St. Mary's Home for Dependent Boys

(2). Children's Farm Home
(3). Oregon Protective Society provides care through:
(a). Albertina Kerr Baby Home
(b). Louise Home for Delinquent Girls
(4). Volunteers of American Home for Mothers and Children.
(5). Waverly Baby Home
(6). Children's home for Dependent Children.

4. Public Health Departments for medical consultation, services and health education. Through the health departments, services of doctors and specially trained public health nurses are available. These departments are interested in all matters pertaining to public health.

5. Juvenile Courts for protective care of children, especially in matters of child dependency. Many Juvenile Courts have probation officers who are social workers especially trained for probation work. In cases where it seems that court action should be taken for the protection of a child, referral should be made to the local Juvenile Court.