A STUDY OF THE CHILDREN IN THE EMERGENCY NURSERY SCHOOLS OF IDAHO

by

MARGARET SHAMEL CRUMLY

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APPROVED:

[redacted]

Professor of Education

In Charge of Major

[redacted]

Head of Department of Education

[redacted]

Chairman of School Graduate Committee

[redacted]

Chairman of College Graduate Council

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CHAPTER I

INTRODUCTION

Accurate information regarding conditions among young children is not available in any appreciable amount. Since the beginning of the nursery school movement, unsuccessfully started in France in 1774, later started in England, and finally adapted to industrial sections of the eastern United States, educators and social welfare workers have been interested in the data accumulated through the efforts of persons interested in research in this field. Facts, tabulated, tested, and interpreted as a result of these efforts, have been valuable in the understanding of children and their problems. Serving as guides to persons responsible for the care and education of young children, the nursery school movement has had rapid growth.

From time to time, small surveys and studies have been made, but none of any great magnitude appeared previous to that of the White House Conference.[1] This survey revealed facts about conditions surrounding children in the average American home. Soon after this Conference, the depression with its far-reaching effects was upon us.

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1. White House Conference on Child Health and Protection, The Young Child in the Home, III B.

In order to determine emergency needs of that time, a national survey[2] was made by Dr. John E. Anderson, Director of the Institute of Child Welfare, University of Minnesota. This survey was based upon a four page questionnaire, involving 64,491 children in 2,979 units in 37 states, the District of Columbia and the Virgin Islands. Interesting and enlightening facts were disclosed in this survey.

Idaho, while participating in a small way in this survey, benefited only remotely by the facts revealed. Facts pertinent to local conditions in Idaho were not available. The following study of the children in the emergency nursery schools of Idaho has been made to make these facts available.

Purposes of the Study

The purposes in this study are:

First, to discover significant factual information relative to under-privileged children in Idaho as to their (a) family and home life; (b) physical condition; (c) contagious diseases; (d) state of development; (e) habits acquired before entering school; (f) habits de-

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2. The National Advisory Committee on Emergency Nursery Schools, Emergency Nursery Schools During the First Year, 1933-34.

veloped at entrance; (g) eating habits; (h) cause of absences; (i) sleep-time among nursery school children.

Second, to interpret this information in light of trends in early childhood education.

Third, to make these facts available to educators and interested lay-groups in local communities within the state in order to stimulate and activate these persons and groups toward definite educational planning for young children in the state.

Fourth, to indicate such special problems and areas for further study as are needed to develop such a program.

Need for the Study

As stated in the introduction, this study is needed first, because conditions among the under-privileged as affecting young children in Idaho are known only in the most general and vague generalities; second, because there is no program of public education for children from two to six years of age in Idaho; third, because teachers, as well as laymen, are unaware of the needs and opportunities in this field.

There has been no demonstration school in any institution of higher learning in the state through which teachers could be confronted with the program for this age group. In light of new curriculum building, work in child development is now considered basic for successful teaching.

As a service to the State Department of Public Instruction, this study has value in the conservation of significant facts and experience in this field in Idaho. Chiefly a rural state, information contained herein may be of comparative value with studies in states of other occupational opportunities.

Sample Studied

A four page blank from 216 children in 19 units fairly distributed over the state were sent to the Office of the State Supervisor. No area in the State was favored. Villages as well as urban communities were included. The enrollment in these schools totaled 446 children.

Criteria used for selection of blanks to be used in the study were as follows:

1. Limitation to children from eighteen months to six years of age.

2. Inclusion of children from each of the units from which complete blanks were received in order to give a widespread representation.

3. Only those blanks which were most completely filled out were used.

The final sample covers 16 units fairly representative of the occupational areas in Idaho - 216 children, 101 of whom are boys and 115 girls. No section of the state was eliminated. Informational data covers the

first year of operation of the Emergency Nursery School in Idaho, 1934-35.

Ages of Children

Children served by the emergency nursery school, with few exceptions, included the ages from two to five years. The following table shows the numbers in each age group. Exceptions were made to include two boys and three girls under two years to aid mothers who were of necessity working or too ill to assume full daily care of the child.

TABLE I

AGES OF CHILDREN

	Under 2	2 yrs.	3 yrs.	4 yrs.	5 yrs.	Total
Boys	2	24	36	27	12	101
Girls	3	21	33	47	11	115
	5	45	69	74	23	216

Sources of Data

Information was secured from parents, teachers, physicians and nurses. All information was recorded by the nursery school teachers on the blanks and forms provided for that purpose from the Office of the State Supervisor.

These forms included information related to the child previous to his entrance, some information at the time of entrance and other information at a later stated period approximately two weeks after entrance.

Forms Used in Collecting Data*

The forms used include (1) The General Record; (2) Daily Attendance Record; (3) Sleep Record.

The General Record[3] composed of four sections was filled out by the teacher (a) in conference with the parent; (b) during the physical examinations. This record reveals the information on (a) family and home life; (b) physical condition of the child; (c) contagious disease

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*copies of blanks and forms in appendix

3. In response to a request for information regarding the origin and source of the General Report form, John E. Anderson, Director, Institute of Child Welfare, University of Minnesota writes as follows:

"The blank for the General Report form for the Emergency Nursery School was developed primarily from the White House Conference Blanks, which I had used in 1929, and from the general history blank which we have used in connection with admitting children to our Nursery School for a number of years. In addition to these sources, a number of other blanks and record forms were studied. I do not believe that there is any blank to which it exactly corresponds or that it can be traced to any specific source. As a matter of fact, I made it up largely from my general knowledge, turning to the file of forms which we have available for specific suggestions on particular points."

record; (d) developmental data; (e) habits acquired before entrance to school; (f) habits at entrance.

This General Record is the same as that used by all the nursery schools in the United States in collecting data for a national survey. This national survey is in printed pamphlet form entitled, "Emergency Nursery Schools During the First Year, 1933-34." It is prepared and published by "The National Advisory Committee on Emergency Nursery Schools" as a service to persons and groups interested in nursery education.

The use of this General Record makes comparison possible.

Sleep Records, kept by the teachers, furnish more information on sleep habits of this group.

Limitations of the Study

For the lack of better technique, data were secured by the nursery school teachers in interview with parents. Because of inadequate medical service due to lack of funds to carry out this part of the emergency program, facts on the medical history were not available.

In so far as parents and teachers may be unscientific in the observation of their own children and those left to their care, the question of validity of the data may

be raised. However, it should be stated that other methods for securing similar data are not available where children live in their own homes and research laboratory equipment and investigators are not available.

Secured in a similar manner to the data in the national study, findings and conclusions in the Idaho study are interesting in comparison and as valid.

Description of the State of Idaho

Idaho, a state in the Rocky mountain area of the United States, is twelfth in rank among the states as to area, being 83,888 square miles. Shaped like a pan with a handle extending to Canada on the north, it lies surrounded by Washington and Oregon on the west, Montana and Wyoming on the east, Utah and Nevada on the south. Great areas being mountainous are practically uninhabited. From the east of the state, entering from the Jackson Hole and Teton country, one travels about 1,200 miles to reach Sandpoint or Mullan in the north. By train to reach the panhandle country from eastern Idaho or Boise one has to travel through Oregon and Washington, or by way of Montana, there being no direct north and south railroad. A north and south highway now under construction will make automobile travel desirable.

The nursery schools in this study follow a moon-

shaped route, the first being located at Driggs, the chain swinging in a semi-circle with Boise unit at the midpoint, and the last ending at Kellogg.

Population in 1930 was 445,032 which places Idaho forty-third in rank among the states according to population. Also, it is one of the six least populated states.

In 1929 the wealth of the state was listed at $1,829,000,000.00 or $4,119.00 per capita. Farm valuation of all crops in 1935 stood at $77,274,000.00; 45,113 farms totaling 9,951,661 acres. Of this number 2,000,000 acres are under irrigation which increases production considerably. Arrowrock Dam, a magnificent engineering feat makes the Boise valley one of the choice agricultural sections. Another agricultural area lies to the south of the Boise valley toward Nevada. American Falls reservoir conserves water for irrigation. Not being adequate to supply enough irrigation water, Milner Dam was built by private industry and initiative. It diverts water to almost a quarter million acres north and south of Twin Falls. The Minidoka Dam adds another fifty thousand acres to make the largest contiguous irrigated area in the United States. Of this region Washington Irving once wrote:

"It is a land where no man permanently resides; a

vast, uninhabited solitude, with precipitous cliffs and yawning ravines, looking like the ruins of a world; vast desert tracts that must ever defy cultivation and interpose dreary and thirsty wilds between the habitations of man."[4]

Many mills in the state furnished 1,028,790,000 feet of lumber in 1929. Lewiston, on the Snake river has the second largest saw mill in the world. White and yellow pine, larch, white fir and cedar are all produced in Idaho in large quantities. The lumbering industry was so severely battered about during the depression that many persons were without employment in Idaho, particularly in the northern part or "panhandle" of the state.

In the panhandle country there is an agricultural section called the Palouse country--a fertile rolling, dry farming section, which, it is said, has never known failure of crops.

Gold production in 1930 was 438,200; silver 3,738,408; copper smelter output, 2,713,381 pounds; lead, 135,411 short tons; zinc (1929) 16,582 short tons. Famous mines in and around Kellogg are the Sunshine Silver mine at Wallace; Morning lead mine at Mullan and Bunker Hill and Sullivan lead mines at Kellogg.

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4. Fisher, Vardis, and others, Idaho, A guide in Word and Picture. p.86

Being predominantly agricultural, Idaho perhaps suffered less than some states during the depression years. Probably never reaching so great a height during prosperity, the fall was not to such a depth during depression. In Roger Babson's reports, arrows indicating business pointing upward appeared more quickly than in some other sections of the country.

Illiteracy takes a toll of only 1.1 per cent, 114,382 of the 445,032 population being in school. The State University is at Moscow, lying in the edge of the great Palouse country which is fringed by lumbering areas. The University of Idaho Southern Branch is at Pocatello, a railroad center in the southern part of the state. Normal schools are at Albion and Lewiston. Lewiston, the lowest point in elavation in Idaho is spoken of as the state's only seaport because ships come up the Columbia and Snake to its doors.[5] Numerous denominational schools have been established in such close proximity that practically no student desiring higher education need be denied an opportunity to fulfill his ambition.

Transportation is a serious problem as the state is removed from markets for agricultural produce. Being diversified in produce, inhabitants need not suffer from a

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5. Fisher, Vardis, and others, Idaho, A Guide in Word and Picture. p.87

lack of food. Modern means of transportation, shipping and new roads to market will be of assistance although the great distances making trucking expensive and the long and short haul regulations keep freight rates high. Good train service is maintained east to Chicago and west to Portland.

Air service is rapidly developing. Transcontinental planes stop regularly at Boise en route to Portland and Seattle.

As a state, Idaho is somewhat removed and protected from certain social, political and economic problems and issues confronting the country as a whole. It moves along practically undisturbed by strikes and similar upheavals. A home-loving people still largely undisturbed by the complexity of urban living, agricultural individualism, high idealism, ambition and hard work predominate.

Outdoor life characteristic of the west produces a stalwart, pioneering citizenry. Not being bound by the swaddling clothes of years of tradition, new plans and programs often can be instituted with less difficulty.

Culturally, Idaho people are especially appreciative of the best in music, literature, and art. Socially inclined, many festivities, pageants, and celebrations are planned and carried out to fruition on a high plane.

Music Week, now a national celebration, had its

birth in Boise, Idaho. Later, its beauty and enthusiasm has been many times multiplied in other communities, both large and small. The usual eleemosynary institutions interested in the character building of children and youth exist within the state.

It may be truly said that the flowering sections of the state have been wrested from the desert through the sacrifice of hardy pioneers. The state is rich in pioneer lore, and celebrations and pageants tell and keep alive respect for those who did have the vision and fortitude to carry on in spite of all difficulties.

CHAPTER II

HISTORICAL BACKGROUND

The National Plan

The emergency nursery schools were established as a part of the New Deal Program (1) to help alleviate suffering which was devastating family life and particularly undermining the security of young children; and (2) to provide the employment of teachers and allied workers.

The beginning of this program is given in the report of the Emergency Nursery School 1933-34[6] and is quoted as follows:

"Organization and Administration:

Authorization

"On October 23, 1933, Federal Emergency Relief Administrator, Harry L. Hopkins, authorized the establishment of Emergency Nursery Schools as a Federal Work Relief Project, constituting the sixth of the Emergency Educational Projects sponsored by the Federal Emergency Relief Administration.

"State Emergency Relief Administrators were notified by Administrator Hopkins under date of October 23,

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6. The National Advisory Committee on Emergency Nursery Schools, Emergency Nursery Schools During the First Year, 1933-34. p.8

1933, that 'rules and regulations of the Federal Emergency Relief Administration may be interpreted to provide work relief wages for qualified and unemployed teachers, and other workers on relief who needed to organize and conduct nursery schools under the control of the public school systems. All plans for locating, organizing and supervising the nursery schools shall be subject to the approval of the local superintendents of public schools and of the local relief administrators.' The United States Commissioner of Education also addressed a letter to State and County superintendents of public instruction explaining the emergency educational projects and later sent the memorandum of policies governing the organization and conduct of emergency nursery schools and a list of the publications prepared to help them. The purpose of authorizing nursery schools as a Work Relief Project was outlined in the original announcement as a means of combating the physical and mental handicaps being imposed upon young children by conditions incident to current economic and social difficulties. It was further stated that the nursery school program includes the participation of parents. 'In this way it serves to benefit the child from every point of view and parents are both relieved from their anxieties resulting from the worry of inadequate home provisions for their young children and

are included in an educational program on an adult level which will raise their morale and that of the entire family and the community.'

Procedure

"The procedure by which emergency nursery schools could be thus established locally was indicated in the same document as follows: 'Completed plans shall be sent to the State Superintendents of Public Instruction and to the State Relief Administrators in accordance with state procedures to obtain needed authority to proceed.' In order to help local and state school authorities in starting these emergency nursery schools, the original authorization, document A-26[7], carried the offer of assistance from the National Association for Nursery Education, the Association for Childhood Education and the National Council of Parent Education, together with the statement that 'the United States Office of Education may be called upon for information and assistance.' It was further authorized in document A-26 that 'food supplies may be provided under the authorization of October 4 relating to child feeding programs,' and further that 'moneys granted for general relief to each State and those specifically designated for work relief in education may be

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7. see appendices

used for this project.'

Formulation of Policies

"Immediately following the authorization of emergency nursery schools as a Work Relief Project, conferences were called by the Commissioner of the United States Office of Education of leaders in the three national professional organizations which are mentioned in document A-26 as being ready to assist with the program. Policies were set up by this conference and later were approved and adopted by the United States Office of Education and the Federal Emergency Relief Administration as being the governing policies for emergency nursery schools. These are set forth in document E-4 under date of December 7, 1933.

"These policies governed:

a. Housing - providing that "emergency nursery schools are to be housed in buildings which are publicly owned or leased, or have been officially loaned to the public school system.

Repairs and remodeling of public buildings for the use of the emergency nursery schools may be provided for through the Civil Works Administration "upon application to and approval by the Civil Works Administration by public school authorities.

b. Personnel - "The eligibility of teachers and other needed workers for emergency nursery schools shall be based on their qualifications for the work and on their need for employment. All persons employed must be drawn from those eligible for relief. So

that there may be no delay in establishing emergency nursery schools, cooperation of professional organizations through appointment of committees should be worked out in determining need. This should greatly reduce case investigations. Local school authorities in conjunction with local relief administrations may prepare lists of such needy and unemployed persons qualified for the work in the emergency nursery schools."

It was specified that "Provision for training may be included in State plans for emergency nursery education. This training can be undertaken while the physical plant is being put into shape for the nursery school. Since these teachers are now in need, it will be necessary to make a reasonable allowance to them while this training is in process."

c. Children Enrolled - "Emergency nursery schools shall serve children of needy and unemployed families. Children may be admitted to emergency nursery schools between the ages of two and the local legal age for school entrance, but this shall not be interpreted to restore any educational activities for young children that have been eliminated by the school administrations."

d. Sources of Funds - Specified as follows:
(1) "Professional personnel and other workers in connection with the operation of nursery schools are to be paid from Emergency Education Funds allotted to States for educational activities by the Federal Emergency Relief Administration.
(2) "Workers in connection with building reconstruction may be obtained from the Civil Works Administration.
(3) "Materials needed for reconstruction work may be obtained through the Civil Works Administration.
(4) "Food provisions are to be obtained from Direct Relief Funds."

It was further pointed out in document E-4 that emergency nursery schools might be developed in a variety of

ways with the following suggestions:

a. "Units for preschool children within elementary schools;
b. "Laboratories for courses in the care and education of preschool children in high schools, normal schools and colleges;
c. "Units in urban and rural areas of need such as mining, and mill districts."

Administration and Supervision

The emergency nursery school project was administered with the other five emergency educational projects under the Educational Division of the Federal Emergency Relief Administration. Educational policies governing the project were determined and authorized by the United States Office of Education. A member of the office staff was loaned to direct the organization of the project and the administration of its details during the initial stages of its development. Administrative policies of the project were determined by the Relief Administration with generous consideration for the educational aspects of the program.

State plans for emergency nursery school programs were developed by State emergency educational authorities, and approved by the State Superintendents of Public Instruction and State Relief Administrators. They were then submitted to the Washington office for approval. In turn the localities submitted plans to the State emergency education offices for approval before local schools

were authorized.

Emergency needs continually arose within the States and when reported to the Washington office became the basis for authorizations to relieve strain and to supply the food stuffs, material and service needed to carry on the program.

Aside from employing needy people the emergency nursery school project was dependent upon a number of other divisions within the Federal Emergency Relief Administration for materials and service. Among the divisions which closely cooperated with the program and helped to provide the necessary equipment, materials and personnel were the following:

The Women's Division in the different States helped to prepare the sheets, towels, and other such material for the schools through the women's sewing groups. Cooking classes in many States prepared canned tomato juice, soups, vegetables and other foods which were used for the nutritional program. In an infinite number of ways this Division cooperated to facilitate the organization and conduct of the programs in the local communities.

The Construction Division of the Civil Works Administration provided lumber and carpenters for the remodeling of public buildings and the construction of equipment.

Through the Nutritional Division food supplies were secured and assistance was given in planning the children's menus within the States.

Under the Surplus Commodities Corporation surplus foods were provided as well as such commodities as blankets, coal and wood.

Through the Transient Division cooperation was given to facilitate the organization of nursery schools for families living in automobiles parked in the transient camps.

The Health Division authorized the Health Director on the staffs of the State Emergency Relief Administrators to assist in rendering essential health services to the emergency nursery schools.

The newness and the highly specialized nature of nursery school education placed an unusual responsibility upon public school officials already heavily burdened with their regular programs and the Emergency Education offerings. Realizing this an offer of professional assistance was extended to these officials in the original announcement, to be given both by the United States Office of Education and by the professional organizations actively engaged in nursery school work.

"To coordinate the professional assistance available, the United States Commissioner of Education ac-

cepted the services of a National Advisory Committee on Emergency Nursery Schools composed of two representatives from each of the three cooperating organizations, namely, the National Association for Nursery Education, the association for Childhood Education and the National Council of Parent Education with the Specialist in Nursery-Kindergarten-Primary Education from the Office of Education as an ex-officio member.

"Materials were prepared by the advisory committee and other representatives of the cooperating organizations which were designed to be of use to state and local communities in organizing the emergency nursery school program. These materials included:

> Form I - Suggested Form for supplement to State Emergency Educational plan for Emergency nursery Schools as authorized October 23, 1933, by the Federal Emergency Relief Administration.
>
> Form II -Guide for Local Superintendents of Schools in planning for Emergency Nursery Schools.
>
> Memo. - Suggested Training Program to Prepare Partially Qualified Teachers for Emergency Nursery Schools.
>
> Memo. - Estimated Unit Costs for Emergency Nursery Schools.
>
> Bulletin of Information for Emergency Nursery Schools: Number 1 - Administration and Program.
>
> Bulletin of Information for Emergency Nursery Schools: Number 2 - Housing and Equipment.

Since no funds had been appropriated by the Federal Emergency Relief Administration for supervision of the Emergency Nursery School program and since such supervision was essential to the setting up of defensible standards, private funds were secured through the National Advisory Committee for the purpose of providing such assistance for the States.

"Through these funds regional advisers were appointed to offer State Superintendents and Commissioners of Public Instruction such counsel and aid as they desire in organizing and developing their Emergency Nursery School programs. The advisers for the several states were as follows: Dr. George D. Stoddard and Dr. Harold H. Anderson for Iowa, Missouri, Nebraska and Kansas; Dr. Ruth Andrus for New York State with Miss Margaret Holmes appointed chairman of a local committee for New York City; Dr. Winifred Bain for Virginia, North Carolina and South Carolina; Miss Edna Dean Baker for Illinois, Indiana, and Kentucky, with Mrs. Rose Alschuler appointed chairman of a local committee for Chicago; Dr. Abigail Eliot for Maine, New Hampshire, Vermont, Massachusetts and Rhode Island; Dr. Josephine Foster for Minnesota, Wisconsin, North Dakota, and South Dakota; Miss Christine Heinig for Colorado, Utah, Montana, Idaho, Wyoming, Washington, Oregon, California, Arizona and New Mexico; Dr. Lovisa

Wagoner for Nevada; Miss Amy Hostler for Tennessee, Georgia, Florida, Alabama, Mississippi, Louisiana and Texas; Miss Emma Johnson for Pennsylvania, Delaware, Maryland and New Jersey; Dr. Lois Hayden Meek for Connecticut and the Virgin Islands; and Miss Edna Noble White for Michigan, Ohio and West Virginia.

"In conference with the State superintendents and commissioners of public instruction, the regional advisers offered the financial and consultation services of the Advisory Committee in securing a State Supervisor of emergency nursery schools to be added to the state superintendent's staff. In most instances these persons were obtained from within the State. They acted as the authorized staff member on emergency nursery schools of the state department of education to give assistance to local communities in organizing and operating their emergency nursery schools. In a letter under date of December 16, 1933 addressed to the chief State school officials, United States Commissioner of Education, Zook, wrote as follows:

> "In setting up your program may I suggest that your supervisor of elementary education would be of especial help in working with you in this part of the Emergency Education program. For the nutritional and other home aspects of the nursery school program your home economics supervisor would be of especial help, with such coordination between the two as will provide desirable emphasis on both school and home relationships."

"It was recommended by the National Advisory Committee to the various states that State advisory committees on emergency nursery schools be appointed representing cooperating organizations and, further, that similar committees be appointed in local communities for the same purpose. These committees were made up of local branches of national, professional, service and civic organizations and of local service and civic welfare clubs including the American Association of University Women, the National Congress of Parents and Teachers, kindergarten-primary teachers' clubs, the American Legion, Kiwanis, Rotary, Masonic organizations, and business and professional women's clubs. The responsibilities they assumed included assistance in determining sites, obtaining equipment and giving other help needed for the organization and operation of the nursery schools.

"For the purpose of organizing and administering the program, the Specialist in Nursery-Kindergarten-Primary Education, Dr. Mary Dabney Davis, was loaned by the United States Office of Education to the Federal Emergency Relief Administration, and remained in this capacity until March 15, when she went abroad to study current programs for young children in European countries. Dr. George D. Stoddard, Director, Iowa Child

Welfare Research Station, took her place, remaining in the office until the end of May, 1934, and continuing to direct the program with the assistance of Dr. Harold H. Anderson of his staff until September, 1934.

"Following the successful demonstration of State supervision of the Emergency Nursery Schools initiated by the National Advisory Committee on Emergency Nursery Schools and put into operation by the State Departments of public instruction, Mr. Hopkins authorized the employment of State supervisors as a regular part of the project. In the revision of the Memorandum of Policies to Govern the Conduct of Emergency Nursery Schools and the Employment of Needed Teachers and Other Workers under date of May 24, 1936--document E-26--the following authorization was made:

> "In administering and supervising this program, each State Director of emergency education will be supplied, upon a request embodied in the State plan, with funds for the addition to his staff of a trained nursery school specialist who will assume responsibility for supervising the work in the State and for coordinating the program. Where the program of a particular city or other area is sufficiently extensive to justify one assistant for the region, such an assistant will be similarly financed. These specialists need not be eligible for relief, and may be paid at the prevailing stipend for such work in the respective States. An allowance for essential travel in supervisory work may also be assigned to them."

"The plan adopted in Idaho was set up on the same broad general plan adapted to the local situation. The following is a statement of the general plan agreed upon by the State Department of Education:

"Suggested Educational Plan for
Emergency Nursery Schools for Idaho

I. "General Plans for the Program

(1) Organization

(a) Emergency nursery schools to be organized will serve children of needy and unemployed families. Activities will include educational guidance of children and health service and educational guidance of parents.

(b) Emergency nursery schools will be developed as units in urban and rural areas of need.

(2) Children to be Served

(a) Children will be admitted to emergency nursery schools between the ages of two and six, the local legal age for school entrance.

(b) Children shall be recommended for emergency nursery schools on the basis of surveys of community needs. Recommendations are to be made by school authorities, welfare agencies,

health authorities, and home visitors from social agencies. The superintendent of schools or his representative shall determine admissions to the emergency nursery schools.

(3) Plant and Equipment

(a) Emergency nursery schools will be housed in buildings which are publicly owned, or leased, or have been officially loaned to the public school system.

(b) Needed repairs and remodeling of public buildings will be made to adequately care for the plant. A statement of need for such remodeling is included in this plan.

(c) Food needed for the emergency nursery schools will be provided from the local relief authorities.

(4) Personnel

(a) Eligibility

1. Qualified teachers and other needed workers will be selected from those eligible for relief. This selection will be made by the local school authorities in conjunction with the local relief administration and the cooperation of an advisory committee composed of professional workers acquainted with the

need for nursery school education.

2. The partially qualified teachers who have been selected are to be provided with in-service training according to their need, and the training is to be so planned as to use the teacher's time advantageously.

(b) Services to be rendered

1. Educational guidance will be given children and their parents and at least one teacher specifically trained for this work, with such assistants as may be necessary, will be assigned each unit. In each group there will be an average of one professional worker for each twenty children.

2. The health of the children will be safeguarded through diets planned on a scientific basis, either by a nutritionist or by a person who is trained in this line of work. It will also be safeguarded by daily inspections to be given by a teacher given in-service training in this type of work. Periodic physical examinations will be given by a doctor or nurse, either assigned to the staff or loaned from the school or public health service.

3. Food shall be prepared by a cook qualified under local health or food handling regulations.

4. Janitorial services required for the school in its daily program will be supplied.

II. "Initiating and Organizing the State Program

(1) A preliminary survey has been made to locate the children of needy and unemployed parents, to determine places of specific need for this program within the State, and to discover available resources for housing and equipment.

(2) A professionally trained and qualified representative for emergency nursery schools has been asked to assume responsibility and organize the problem throughout the State. This representative will have, as needed, an advisory committee made up of representatives or organizations interested in nursery school education.

(3) Applications will be made for funds to the local Civil Works Relief Administration for food to be used for the local units when this plan is approved.

III. "Local Plans for Emergency Nursery Schools

(1) Surveys of need will be made before localities requesting emergency nursery schools will receive approval of their plans.

(2) Temporary local advisory committees will be formed from representatives of cooperating organizations interested in nursery school education.

(3) Suitable locations have been obtained in publicly owned buildings, or in buildings where the program will be under public school control.

(4) A canvass of qualified personnel for the staff has been made.

IV. "Application for Emergency Nursery School Program

(1) Estimated number of unit.

(a) Emergency nursery schools to be established in the State and the location of the same are approximately sixty in number, the location being equally distributed in counties, the number of teachers employed on the basis of the percentage of teachers already employed in any county.

(b) Persons to be employed for these projects.

Teachers sixty - Supplementary help on a voluntary basis by parent participation.

Nutritionist, parent education worker, nurse, etc., to be determined.

(c) Persons to be served.

Children 500

Parents 1000

(2) Estimated budget

(a) Wages for teachers, professional workers and wage earners, per month $48.00

(3) Provisions for Training of Staff

(a) Designated centers - Boise and others as found desirable.

Persons in charge - Margaret Shamel Crumly and other qualified assistants wherever available.

(b) Training program (attached as Exhibit A to this plan).

(4) State officers actually in charge of program.

Name J. W. Condie

Address Boise, Idaho

Position State Superintendent of Public Instruction

(5) State advisory committee

Name	Address	Organization Represented
Mrs. Ida M. Warner	Boise	County Supt., Ada County
Dr. C. H. Seivers	Boise	Prof. of Education Boise Junior College
Dr. Harmon Tremaine	Boise	State Medical Adviser Child Recovery Program
W. W. Gartin	Boise	Assistant Supt. Schools
Mrs. G. H. Kroeger	Boise	Summer Round-Up

IDAHO IN-SERVICE TRAINING PROGRAM

For Partially Qualified Teachers for

Emergency Nursery Schools

Prepared by Margaret Shamel Crumly

I. "Circulation of 'Pre-school Bulletin' - Warner and Seivers, including release on available books, pamphlets, etc.

II. "Teacher Institutes - one for southern and one for northern Idaho - based upon:

1. Administrative Problems.
   (a) Recognition and control of communicable diseases.
   (b) Needs in nutrition.
   (c) Out-of-door Activity.
   (d) Habit technique.
2. Child Development.
   (a) Problems in physical, mental, emotional and social development common to the nursery school child.
   (b) Philosophy underlying the movement.
   (c) Provision and use of equipment.
3. Parent Education.
   (a) Informal conferences.
   (b) Home and school visitation.
   (c) Parent participation.

(d) Study Groups.

III. "Establishment of two demonstration points for observation and teaching purposes.

IV. "Person and group conferences.

V. "Office releases pertaining to plans, programs, information, news letters, etc.

VI. "Special lectures, display of movies and slides for teachers. Circulating libraries.

VII. "Program to be developed in cooperation with all agencies interested in and working with Child Welfare Programs."

Funds for this work were provided by the Federal Emergency Relief Administration and were distributed by the State Department of Education. William W. Gartin, Assistant Superintendent of Public Instruction administered the program on a voluntary basis, being designated to this position by Mr. John E. Condie, State Superintendent of Public Instruction for Idaho.

CHAPTER III

PREVIOUS STUDIES IN THE FIELD

There are two studies in this field similar in nature and of national import with which data in this study will be compared. "Emergency Nursery Schools During the First Year, 1933-34" prepared and published by the National Advisory Committee on Emergency Nursery Schools presents data concerning under-privileged children through a sampling from the states in the union having emergency nursery schools.

Dr. John E. Anderson, Director, Institute Child Welfare, University of Minnesota introduces his findings as follows:

> "In order to picture the children served by the emergency nursery schools, a four page blank calling for information concerning the child's family, his development and habits, his physical condition and disease history and his behavior in nursery school was prepared in December, 1933. This was to be filled out in duplicate for each child enrolled; one copy to be kept in the local nursery school and the other to be forwarded to the U.S. Office of Education. This report summarizes the results of a detailed analysis of a large sample of the blanks sent in, compares them with similar data available in other studies, and presents a picture of the emergency nursery school child of the year 1933-34.

THE SAMPLE STUDIED

Blanks were received in the Office of Education for 10,281 children, of whom 9,909 were white and 372 negro children. For analysis, 3,816 blanks were selected, 3,525 for white and 291 for negro children. But because of the small sample of negro children available, and the peculiarities of their age distribution, this report is limited to white children.

The criteria used for selecting the blanks studied were:

1. Limitation to children from two to six years inclusive.
2. Inclusion of children from each State from which blanks came in order to insure wide representation. The application of this criterion meant that the largest reductions in sampling occurred in those states with the largest number of blanks, while in those with a small number almost every blank was retained.
3. The selection within any State or area included those blanks most completely filled out. Thus within a given State those blanks which contained the results of physical examinations were chosen before those without such examinations.

The final sample covered thirty-two States and is fairly representative of each of the major census areas."[8]

The White House Conference on Child Health and Protection called by President Hoover presents considerable information in the field of early childhood. The following statement from the Children's Charter

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8. The National Advisory Committee on Emergency Nursery Schools, Emergency Nursery Schools During the First Year, 1933-34. p.38

introduces the survey of Nursery Education, Report of the Committee on the Infant and Preschool Child, John E. Anderson, Ph D., Chairman.

"VIII ..... for younger children nursery schools and kindergartens to supplement home care."[9]

An array of specialists in the field joined the efforts and work of Dr. Anderson in preparing questionnaires for securing data as well as preparing reports. following the accumulation of the data.

This committee in session December 13 to 14, 1929 at Chicago agreed on "two main projects: first, a Survey of Institutions for the Education and Training of Young Children; and, second, the Study of the Young Child in the Home".[10]

The committee used two questionnaires, the first, called the Initial Blank, and the second, the Final Blank. Information thus secured was supplemented by personal visits by trained investigators to a selected list of institutions that had returned both blanks.

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9. Committee on The Infant and Preschool Child, Nursery Education III B., III B frontispiece.

10. Committee on The Infant and Preschool Child, Nursery Education. Education and Training, Section III.

The study of the home was made upon final forms consisting of the following:

R 1 - general instructions

R 2 - information about the field worker

R 3a and R 3b - general information about the communities visited

R 4 - general information about the families

R 5 - information about infants under the age of one year

R 6 - information about children from one to five years of age

R 7 - information on those from six to twelve years

Data on 3,779 children in 2,758 white families, and on 313 children in 202 negro families are available in the White House Study.

An attempt was made to secure as typical a sample as possible and the results may be said to present facts typical of average home life of preschool children in the United States.

CHAPTER IV

THE DATA OF THIS STUDY

There is no doubt in the minds of persons interested in education of the influence of the home on young children. Psychologists, religionists, and sociologists have long been concerned with these early influences.

Composed of intimate associations and based on individual rights, the home has, until recently, been inviolate to objective study save as the children, often called the symptoms of the home, could be studied.

Taken as a matter of course, "little is known in detail about the home life of typical American children".[11]

The White House Conference sampling 3,779 homes, the national study on emergency nursery school children sampling 10,281 children, and now a rural state study of 216 children help to provide objective data in this field.

Nationality and Language Spoken

First, in importance in child development, is the influence of parents. Parents of the Idaho nursery schools are predominantly American, only 15 or 7.9 per cent being listed as of foreign birth.

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11. White House Conference on Child Health and Protection, The Young Child in the Home, III B.

Languages, other than English, spoken in six homes only are as follows:

TABLE II

LANGUAGE OTHER THAN ENGLISH SPOKEN

Language Spoken	Number of cases
Bohemian	1
German	2
Polish	1
French	1
Norwegian	1
Total	6

These foreign speaking families all reside in the panhandle or lumbering section of the State where the percentage of foreign population is greater than in the agricultural sections of the southern and eastern parts of the State.

Socio-economic Status

Much speculation as to which occupational groups were included among persons affected most seriously by the depression has been made.

In comparison with the Minnesota Occupational Scale, U.S. 1930 Census and ENS Study, Idaho presents an interesting picture in the following table:

TABLE III

SOCIO-ECONOMIC STATUS
BY MINNESOTA OCCUPATIONAL SCALE

Socio-economic Status	U.S. 1930 %	ENS %	WHC %	IDAHO Usual Occ. %	IDAHO Pres. Occ. %
I. Professional.	2.6	3.4	2.7	.005	.0
II. Semi-professional and managerial.	7.2	2.2	5.2	.0	.0
III. Clerical, skilled trades and retail business.	13.8	15.9	15.7	26.2	.0
IV. Farmers	15.4	8.7	18.0	13.7	1.7
V. Semi-skilled occupations, minor clerical positions and minor business.	23.8	22.8	29.8	4.0	5.7
VI. Slightly skilled occupations requiring little skill or ability.	14.5	20.1	12.3	20.5	6.0
VII. Day labors.	22.7	26.9	16.9	35.4	60.0
VIII. Usually unemployed.				6.0	26.3

It will be noted that Idaho has practically none in classifications I and II. The 26.2 per cent usually in classification III were unable to find employment in that type of work during the period of this study. It should also be pointed out that a large proportion was reduced to occupations in classification VII or day labor. Only 13.4 per cent are in classifications I-VI, inclusive.

Six per cent, usually an unemployed group, is expanded under economic stress to 26.3 per cent. Forty-eight and five tenths per cent of the fathers* who state employment are on Relief Projects.

Under such circumstances, drop in standards of living, usually identified with which is a general loss of morale, is indicated. This has a definite effect upon the emotional tone of the family. It must be clear to everyone that in the face of existing economic conditions that individual security is menaced on all sides. Loss of employment or reduction of income requires a change in physical habits along with lowered standards of living.[12]

Distribution of Parents' Age

Parents of Idaho children are somewhat younger than the average as shown in the WHC study, as well as those in ENS. Table IV shows these variations:

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* not shown on Table III

12. Pratt, George K. Morale: The Mental Hygiene of Unemployment, p.17.

TABLE IV

DISTRIBUTION OF PARENTS' AGES

Fathers				
Age	No. cases	ENS %	WHC %	Idaho %
Under 20	0	.0	.1	.0
20-29	880	25.3	18.3	30.8
30-39	1,604	46.1	51.2	44.2
40-49	804	23.2	25.6	17.4
50 and over	187	5.4	4.8	6.9
Mothers				
Age	No. cases	ENS %	WHC %	Idaho %
Under 20	15	.4	.9	.0
20-29	1,668	48.0	32.6	61.2
30-39	1,366	39.3	52.4	29.3
40-49	413	11.9	13.4	8.4
50 and over	14	.3	.7	.4

In the 20-29 age-group, there were 880 fathers comprising 25.3 per cent in the ENS study as compared to 18.3 per cent in the White House Conference study. In the Idaho study, 30.8 per cent were in the 20-29 age-group. There were 1,668 mothers in the ENS study comprising 48.0 per cent as compared to the 32.6 per cent in the WHC. Mothers in Idaho in this age-group comprised 61.2 per cent.

It will be noted that in Idaho the per cent of mothers of nursery school children is greatest between the 20-29 years of age which corresponds with the Emergency Nursery School study. Both the Idaho and Emergency Nursery School studies include larger percentages of mothers in this age-group than is shown in the White House Conference.

It has been generally felt by some writers in the field of family life that early years are the best years for parenthood.

Differences in Ages of Parents

The differences in age of parents is shown by percentage in Table V:

TABLE V

DIFFERENCES IN AGES OF PARENTS

A. Father			B. Father		
Years Older	No. cases	%	Years Younger	No. cases	%
Same age	11	5.6	1	4	50.0
1-5	95	49.8	2	1	12.5
6-10	60	31.0	3	2	25.0
11-15	17	8.8	4	0	.0
16-20	7	3.6	5	0	.0
21-25	2	1.0	6	0	.0
26-30	0	.0	7	1	12.5
31-35	1	.5			
Total	193			8	

Fathers are 1-10 years older than mothers in 80.8 per cent of the cases; 4.9 per cent of the fathers are younger than the mothers by 1-7 years.

There are eleven cases of parents of the same age comprising 5.7 per cent of the group. There are ninety-five cases of parents where the father is 1-5 years older than the mother.

There are four cases where the father is one year younger than the mother. There are four cases where the father is two or more years younger than the mother.

Years Education of the Parents

Education has been the ambition of Americans. Pioneers carried this ideal with them, and, in the pioneer state of Idaho, an effort was made consistently to advance educational opportunity for all its children. Not a wealthy state, progress has been made slowly, but the "little school-houses" over the state today bear testimony to the worthy ideal embodied by the structures set among the hills and in the valleys.

Literacy in Idaho is comparatively high as only 1.1 per cent illiteracy prevails within the state. One out of every four of the population in Idaho is in school.

Table VI shows number of years schooling by percentages:

TABLE VI

YEARS OF EDUCATION OF THE PARENTS

Fathers

Years	No. cases	ENS %	WHC %	No. cases	Idaho %
No schooling	52	1.6	.7	0	.0
1 - 4	344	10.9	4.6	7	3.9
5 - 8	1,581	49.9	35.2	104	59.6
High school					
1 - 2	484	15.3	12.9	30	17.0
3 - 4	453	14.3	20.2	26	14.7
College					
1 - 2	113	3.6	7.3	7	3.9
3 - 4	93	2.9	11.2	2	1.1
Graduate					
1 - 2	32	1.0	3.8	0	.0
3 - 4	14	.4	11.1	0	.0
	3,166			176	
Mean		8.33	9.87		8.56

Mothers

Years	No. cases	ENS %	WHC %	No. cases	Idaho %
No schooling	47	1.4	.7	0	.0
1 - 4	246	7.5	4.3	10	5.4
5 - 8	1,564	47.6	26.4	59	31.8
High school					
1 - 2	363	17.1	13.1	50	26.9
3 - 4	583	17.8	23.9	54	29.1
College					
1 - 2	171	5.2	14.4	11	5.9
3 - 4	96	3.0	11.6	1	.5
Graduate					
1 - 2	12	.4	2.1	0	.0
3 - 4	3	.1	.5	0	.0
	3,285			185	
Mean		8.70	10.21		9.54

Mothers of nursery school children in Idaho have more formal education than fathers. This is probably due to boys leaving school to go to work earlier than girls.

Birthplace of Parents

Still inviting development and settlement of unreclaimed deserts, Idaho shows itself to be a state voluntarily selected for home-making of citizens not born within its borders.

Table VII shows the birthplace of more than half of the fathers and mothers in the north western states. The central states contribute more population to Idaho than any others.

TABLE VII

BIRTHPLACE OF PARENTS

Place	Number of Cases			
	Father	%	Mother	%
Northwest States	100	52.6	136	65.0
Central States	58	30.5	47	22.4
South Western States	8	4.2	2	.9
Eastern States	4	2.1	4	1.9
Southern States	9	4.7	16	7.6
Foreign countries:				
Mexico	0	.0	1	.4
Poland	2	1.0	0	.0
Finland	1	.5	0	.0
Germany	1	.5	1	.4
England	2	1.0	0	.0
Canada	4	2.1	2	.9
Czechoslovakia	1	.5	0	.0

Of the fathers, 100 or 52.6 per cent were born in the Northwestern states; of the mothers, 136 or 65 per cent.

The Central states have provided the next largest group of parents. Migrations westward in the last few years have been due largely to untoward climatic conditions urging inhabitants westward. As may be seen readily, very few parents are of foreign birth with but sprinklings of representatives of the South Western, Eastern and Southern states.

Mobility

During periods of economic stress, more persons move about ever seeking security and a better opportunity to follow the pursuit of happiness. Following the encouragement of the last century to "go west", many did break such home ties as they had and joined the procession of transients to the west.

Table VIII shows what proportion in percentages have moved:

TABLE VIII

YEARS IN HOME

Years	ENS %	WHC %	Idaho* %
2 or less	52.9	28.3	73.0
3 - 4	16.0	25.2	13.7
5 - 6	10.7	16.4	2.9
7 - 8	6.4	10.0	1.9
9 - up	14.0	20.1	9.3
Median	1.76	3.75	3.29

* 9 cases not given

Mobility characterizes Idaho families more than either ENS or WHC families. More than two-thirds of the families have lived less than two years in their present homes.

Fifty-two and nine-tenths per cent of ENS families, 28.3 per cent of WHC families and 73.0 per cent of Idaho families have lived less than two years in their present homes. Moving about with such frequency is very apt to interfere with the development of the feeling of security among young children.

Security must be provided young children because they themselves are not yet capable of achieving security. Parents provide this through the establishment and stabilization of the home and meeting other environmental needs through regular or habitual performance. Security would seem much more difficult to achieve in a trailer

house than a cabin in the midst of a plot of ground surrounded with familiar objects. Since young children are inarticulate, their needs in this regard have been often disregarded. Discomfort, disarranged schedules for living, crowded conditions, parents harassed by the lack of an established home undermine the feeling of security that young children should have.

Home Equipment Including Books

When attempting to wrest food from an undeveloped country, home equipment and modern housing lags. Table IX indicates the per cent of nursery families having equipment as follows:

TABLE IX

HOME EQUIPMENT INCLUDING BOOKS
(Per cent having equipment)

Group	Plumbing Toilet %	Bathtub %	Radio %	Auto %	No. books %
ENS	58.7	43.8	51.7	39.3	29.0
WHC	71.5	67.1	56.9	70.2	8.6
Idaho	47.2	39.4	39.7	30.0	36.5

This Table shows considerable neglect in the provision of modern sanitary equipment, radio, and modern

conveyance. Popular comments about the number of relief clients enjoying automobiles and other "comforts" or "luxuries", if, in this modern era such could be much less than necessities, are most certainly not borne out in this study. Somewhat higher in the number of books in the home, other cultural environmental influences are lacking.

If we accept modern educators' emphasis upon the effect of environmental influences on individuals during early years, such conditions as found among our underprivileged which comprises so large a group of citizens are to be deplored.

The lack of books is a deterrent to reading readiness. Out of the number of children having books, 124 children's books are listed, the most popular being picture books and Mother Goose.

Lemo Dennis states: "The fact that a family does or does not have a yard becomes significant in describing family relationships to the extent that it deprives children of play opportunities; increases the risk to their safety if they are permitted to play out; takes a disproportionate amount of the mother's time that should be spent in other activities; and increases her irritability toward children and husband because of the

additional time and worry involved."[13]

TABLE X

PLAY YARD FACILITIES

play yards at home	178
no play yards at home	38
access to play yards within 6 blocks	52
no access to play yards within 6 blocks	164

One hundred seventy-eight children have play yards at home; thirty-eight do not.

If the lack of an adequate place to play increases family irritability thereby influencing future citizens toward anti-social attitudes which some writers claim, we may well expect many ill-adjusted adults among the next generation of citizens. Play is the work of the child through which he develops into a socially adjusted individual. Crowded living conditions should be alleviated by protected and safe open spaces where children may have freedom to play.

Rooms in Home and Size of Family

Over crowding is a factor in family life which has a definite bearing on problems of discipline, physical

13. Dennis, Lemo, A Descriptive Study of Family Relationships from the Viewpoint of Child Guidance and Parent Education, p.12.

care and development and social adjustment. Table XI reveals the situation in Idaho:

TABLE XI

ROOMS IN HOME AND SIZE OF FAMILY

	Rooms in Home				Number of Children		
Number	ENS %	WHC %	Idaho %	Number	ENS %	WHC %	Idaho %
1 - 2	8.1	3.1	27.9	1	12.5	23.0	8.3
3 - 4	38.4	19.2	47.8	2	22.1	27.1	18.0
5 - 6	37.4	42.9	29.9	3	21.3	18.9	21.7
7 - 8	12.1	24.0	4.2	4	14.0	10.6	14.5
9 -over	3.9	10.7	.0	5	10.6	7.7	12.5
				6	6.9	5.0	6.9
				7-over	12.6	7.7	18.0

Among relief families in Idaho as shown by Table XI, 74 per cent of the families live in one to four room houses. While 55.6 per cent have from 3-7 and over children. Daily schedules for young children in regard to sleep are practically hopeless. Play facilities in inclement and zero weather are inadequate. Irritations and tensions far beyond the average in family life are found among these families.

The per cent of families living in 1-2 room houses in Idaho is three times that of other under-privileged families and is nine times that of the average family.

Eight and one-tenth per cent of ENS families have 1-2 rooms in their homes; 3.1 per cent of WHC families

have 1-2 rooms in their homes, and 27.3 per cent of Idaho families have 1-2 rooms in their homes.

Marital Status

Among the parents of Idaho nursery school children, there were 5.0 per cent divorced. Unemployment apparently did not affect marital status as none of the fathers stated unemployment. The education of the fathers ranged from the seventh grade to the twelfth. Mothers had educational privileges from the eighth grade to that of college graduate. Families were composed of from one to eight children with 44 or 20.3 per cent of the total number of children studied from divorced home situations. The fathers' ages ranged from 27 to 50 years while the mothers' ranged from 21 to 37 years.

Child's Development and Habits

Securing information regarding the developmental history of children is difficult. Parents often forget the age at which children achieve certain levels of behavior. Also, the parental desire to have one's own child appear well in the eyes of others may color the data secured where definite records are not available.

Data regarding the developmental achievement among

Idaho children presents interesting comparison as shown in the following table:

TABLE XII

DEVELOPMENTAL DATA

	Median Age	
	ENS	IDAHO
first creeping	8.7	9.01
first step unassisted	12.3	10.7
walked freely	13.8	14.0
climbed stairs	15.5	14.9
first talking	13.2	15.3
first use of sentence	19.2	23.51

From the above table, it is indicated that Idaho children crept later, took the first step unassisted earlier, walked freely later, climbed stairs earlier, and talked, using sentences, later than children in the ENS study.

Habits of elimination, often most difficult to establish, were fairly well established among Idaho children in this age group. No doubt family attitude affects this habit more than whether or not there are modern home conveniences.

Of all the children, 3 or 1.3 per cent stated no bowel control; 13 or 6.0 per cent stated partial

control; 194 or 85.1 per cent stated complete control; and 6 or 2.7 per cent gave no data.

Of all the children, 2 or 0.9 per cent stated no bladder control; 17 or 7.8 per cent stated partial control; 192 or 88.8 per cent stated complete control; and 5 or 2.3 per cent gave no data. One hundred ninety-four stated need; 15 did not; and 7 gave no data.

Sleeping Habits

A feature of the nursery school most fascinating to the lay observer is the sleep period. Parents often long-time sufferers from frustrated attempts to enforce nap-time among "run-about-age" children are intrigued when they see twenty to thirty pre-school children napping in the nursery school.

Sleep records on each child were kept by the teachers in the nursery school units in addition to the general record, upon which sleep habits previous to the child's entrance were recorded. Table XIII shows the length of naps as follows:

TABLE XIII

AVERAGE LENGTH OF NAP

Age Level	Mean Time
1 year	98.50
2 years	89.65
3 years	84.90
4 years	77.82
5 years	73.47

Even five year-old children slept in the nursery school over an hour at nap-time. The mean time was 73.47 minutes. The four year-olds slept 77.82 minutes; the three year-olds, 84.90 minutes; the two year-olds, 89.65 minutes; and the one year-olds, 98.50 minutes.

The average time in going to sleep is shown in Table XIIIA:

TABLE XIII A

AVERAGE TIME GOING TO SLEEP

Age Level	Mean Time
1 year	11.83
2 years	19.52
3 years	25.49
4 years	25.56
5 years	27.67

The one year-old in the nursery schools went to sleep very soon. The mean time was 11.83 minutes. The mean time for two year-olds was 19.52 minutes; the three year-olds, 25.49 minutes; and the five year-olds, 27.67 minutes.

The General Record Forms revealed data on rising time and bed time for the children. Table XIV A shows the facts.

TABLE XIV A

SLEEPING HABITS

Bedtime P.M.	%	Rising Time A.M.	%
6:30	2.8	5:30	1.4
7:00	20.7	6:00	7.9
7:30	20.2	6:30	8.4
8:00	35.8	7:00	41.3
8:30	9.9	7:30	19.7
9:00	9.9	8:00	18.7
9:30	0.0	8:30	1.4
10:00	0.1	9:00	0.9

Two and eight-tenths per cent of the children went to bed as early as 6:30 P.M. The largest per cent went to bed at eight o'clock as indicated by 35.8 per cent.

One and four-tenths per cent of the children rose at 5:30 A.M. The largest per cent of children rose

at 7:00 A.M. as indicated by the 41.3 per cent figure.

Seven to eight o'clock is the usual bed time as well as the usual time to rise.

General records showed that 138 or 65.2 per cent of the children had naps at home; while 75 or 35.2 per cent did not.

Table XIV B which follows shows the length of naps taken by Idaho children:

TABLE XIV B

LENGTH OF NAPS

Hours	%
1	21.0
1½	16.5
2	53.3
2½	2.2
3	6.7

Percentages of adults and other children sleeping in the rooms with the Idaho Nursery School children is indicated in Table XIV C:

TABLE XIV C

ADULTS AND OTHER CHILDREN SLEEPING IN ROOMS

WITH IDAHO NURSERY SCHOOL CHILDREN

Number Adults	%	Number Children	%
0	20.6	0	30.1
1	26.6	1	31.6
2	44.6	2	21.1
3	5.5	3	11.5
4	3.0	4	3.0
5	2.0	5	1.5
		8	0.5

In 20.6 per cent of the cases, no adults slept in rooms with nursery children; and in 30.1 per cent, no children.

In 26.6 per cent, one adult slept in the room; and in 31.6 per cent one child slept in the room. In 44.6 per cent two adults slept in the room; and in 21.1 per cent, two children slept in the room. In 5.5 per cent, three adults slept in the room and in 11.5 per cent, three children slept in the room.

Cases where four and five children or adults slept in rooms of Idaho Nursery School children were comparatively small. Five-tenths of one per cent showed as many as eight children sleeping in the nursery school child's room.

The situation regarding the way the Idaho children sleep is revealed in Table XIV D:

TABLE XIV D

NUMBER IN BED

Number Adults	%	Number Children	%
0	48.3	0	55.7
1	28.4	1	25.8
2	11.3	2	14.4
3	11.3	3	3.9
4	0.4		

In 48.3 per cent, no adults sleep in bed with the nursery school child, and in 55.7 per cent, no children.

In 28.4 per cent, one adult sleeps in bed with the nursery school child, and in 25.8 per cent, children sleep in the same bed. In four-tenths of one per cent of the cases, the child slept with four adults in the bed.

Dressing Habits

Developing the habit of dressing is a serious matter to the nursery age child. It reveals initiative. It is an aid to establishing self-reliance and a feeling of adequacy. Considerable importance is placed upon it.

Attendant habits and attitudes of dawdling, incompletion, and dissatisfactions have an influence upon a life-long basic necessity.

Not only is the dressing habit of individual importance, but it also has relational aspects to other individuals living in the home. A healthy attitude toward dressing in the nursery age child is a definite time saver for adults or older children as self-reliance on the part of the child frees the adult or older child from responsibility for dressing the child several times daily.

The extent to which dressing habits and skills appeared among the nursery children upon entrance to school is shown in Table XV:

TABLE XV

DRESSING HABITS

	%
Dresses completely	35.3
Dresses partially	50.0
Fastens buttons	58.1
Does not fasten buttons	41.8
Fastens snaps	51.6
Does not fasten snaps	48.0
Fastens zippers	45.9
Does not fasten zippers	55.7
Laces shoes	53.8
Does not lace shoes	46.2

Thirty-five and three-tenths per cent dress themselves completely; 50 per cent, partially.

Fifty-eight and one-tenth per cent fasten buttons; 41.8 per cent do not.

Fifty-one and six-tenths per cent fasten snaps; 48.0 per cent do not.

Forty-five and nine-tenths per cent fasten zippers; 55.7 per cent do not.

Fifty-three and eight-tenths per cent lace their shoes; 46.2 per cent do not.

Diet of Young Children

Concern over the diet of young children during the depression months was great, and justly so. The unfortunate results of having an inadequate diet were definitely feared by parents and child welfare workers alike. The following table shows what Idaho children were being fed at home during that time:

TABLE XVI

FOODS EATEN BY NURSERY CHILDREN AT HOME

ALL UNITS

Breakfast		Noon Meal		Evening Meal	
Bread	184	Soup	124	Soup	79
Meat	18	Meat	121	Meat	94
Eggs	97	Eggs	55	Eggs	46
Coffee	5	Bread	175	Bread	179
Fruit	103	Potatoes	181	Potatoes	149
Cooked cereal	200	Cooked vegetables	186	Cooked vegetables	150
Dry cereal	50	Raw vegetables	93	Raw vegetables	76
Cocoa	51	Fruit	151	Fruit	137
Postum	1	Cooked cereal	15	Cooked cereal	21
Waffles	1	Dry cereal	8	Dry cereal	11
Hot cakes	6	Coffee	1	Coffee	1
Milk		Cocoa	37	Cocoa	27
1 glass	160	Pudding	2	Ovaltine	2
2 glasses	8	Pastry	2	Pastry	2
		Gravy	2	Gravy	1
		Milk		Bread and milk	2
		1 glass	148	Milk	
		2 glasses	22	1 glass	133
		3 glasses	1	2 glasses	22
				3 glasses	1

As one might expect, bread, potatoes, and cereals appear in much larger amounts than other foods. For breakfast, 184 children ate bread; for lunch, 124 ate soup; for evening meal, 79 ate soup. Reading down the breakfast column 200 ate cooked cereal for breakfast, sometimes dry cereal. Hot cakes and waffles, meat and

coffee appeared fewer times than one might expect.

Viewed from an adequate minimum diet for the nursery age child, the Idaho children were lacking in essentials. Not enough milk, eggs, fruits and vegetables were in the diet to form the necessary basis for growth and disease prevention.

A tabulation of food likes and dislikes revealed nothing of particular significance. Fruit headed the list of "likes" with 62 cases cited. Vegetables were the most "disliked" with 90 cases cited. Spinach and carrots headed this list.

Fifty-nine children were reported as receiving cod liver oil at home. Two hundred and ten children ate with the family; 175 were usually hungry; and 203 fed themselves.

The General Record Form gave the opportunity for listing food problems. The list included the following:

sucking food	too many sweets	no appetite
leaving food	wants own way	plays with food
fast eating	eats with fingers	temper tantrums
small eater	refuses eggs	refuses milk
finicky	has to be hired to eat	

Fully as important as adequate food is the development of healthy emotional reactions and patterns. Psychologists and mental hygienists are fairly well agreed that the emotional patterns are established in the preschool years.

A feeling of security is basic in the building of sound emotions. Inarticulate, young children are very sensitive to feelings of insecurity and fear in their environment; which feelings they are unable to express. Heightened by parental anxiety inherent in economic stress and intensified in a depression, fear often develops. Table XVII shows the object feared and occasions on which anger was aroused:

TABLE XVII

EMOTIONAL HABITS

A. Fear		B. Anger	
Object of fear	%	Occasions for anger	%
animals	31	wants own way	25
people	5	when teased	5
mechanical	4	when disciplined	7
dark	26	to get own way	3
loud noise	3	when play interfered with	2
fire	2	when tired	1
masks	2	when required to share	1
any dead thing	1		
feathers	1		
accidents	1		
surprise	1		

The two objects or fear situations are animals and the dark. Fear of animals occurred in 31 per cent of the cases and fear of the dark in 26 per cent of cases.

"Wanting his own way" is the most frequent occasion for anger. It shows that 25 per cent of cases became angry when the child's plans for himself are frustrated.

Out of the whole group studied, 37.5 per cent showed fear and 62.4 per cent did not. Fifty and five-tenths showed anger easily and 49.5 per cent did not. Thirty-seven per cent have temper tantrums and 62.2 per cent do not.

The method of handling emotional reactions determines whether or not healthy growth results. As in any group of individuals or parents, a variety of methods were used for meeting both fear and anger. These methods are shown in Table XVII A:

TABLE XVII A

PARENTS' METHODS FOR MEETING ANGER AND FEAR

A. Anger		B. Fear	
Method used	%	Method used	%
spanking	22	reason	17
reasoning	16	investigate	5
ignoring	15	leave light	3
scolding	10	ignore	5
isolate	7	reassurance	3
sit on chair	3	go into dark	2
put to bed	2	hold hand	2
made be quiet	1	scold	1
shame	1	teach caution	1
try to prevent teasing	1	encourage love for animals	3
being firm	1	contact feared object	1
according to situation	1	be with people	1
direct attention to something else	1	spanking	1
do not give in	1	companion	1

Spanking was used most frequently in meeting anger as shown in 22 per cent of cases. Ignoring and putting to bed, both poor methods of controlling anger, were used in 15 per cent and 2 per cent, respectively, of the cases.

In combating fear, reasoning was used as indicated in 17 per cent of the cases. Ignoring was used as a method in 5 per cent of the cases where fear was evidenced. This could hardly be given approval in light of

trying to establish a feeling of confidence and security in the child.

Nervous habits and special problems listed are problems of children other than the Idaho nursery group as evidenced by the amount of material available for guidance in meeting these problems. Table XVII B indicates the number of cases found in the Idaho children studied:

TABLE XVII B

NERVOUS HABITS AND SPECIAL PROBLEMS

Type	No. of cases
thumbsucking	28
biting nails	16
handling genitals	4
"nervous"	10
Total	58

Twenty-eight cases of thumbsucking were given, 16 cases of nail-biting, 4 cases of handling genitals and 10 cases of "nervousness."

Parents mentioned, as problems with their children, whining, holding breath, putting things in nose, crying at night, feeling hurt, jealousy, fighting, and stubbornness.

Types of control most often used are shown in Table XVIII:

TABLE XVIII

TYPES OF CONTROL MOST OFTEN USED

Type	Number	%	% ENS
spanking	71	32.8	81.0
scolding	136	62.9	43.0
ignoring	44	2.0	19.0
isolation	69	31.9	13.0
deprivation of pleasure	54	25.0	23.0
praise	94	43.5	27.0
bribe	13	6.0	8.0
unfavorable comparison	13	6.0	7.0
sit on chair	4	1.8	not given
put to bed	4	1.8	not given
explain	1	0.4	not given
talk to	4	1.8	not given
reason	6	2.7	not given
	513		

Scolding, one of the most ineffective methods of control was used in 136 cases or 62.9 per cent. Spanking, the big question ever since Solomon warned parents who had evidently become lax in the use of the rod,[14] was listed considerably less, at 71 cases or 32.8 per cent. Ignoring, one of the better methods of control,

14. The Bible, Proverbs 13:24.

is used much less, 2.0 per cent as against 19.0 per cent in the ENS study. Isolation is used more or 31.9 per cent as against 13.0 per cent among the ENS children. Other percentages are quite similar in all three studies. This similarity does not mean that home control needs no improvement. No attempt is made to point out good and poor methods of control, but only to discover types used.

Conflict between parents and children occur even in the most favorable home situations. Table XIX shows some occasions listed by parents when reporting on their children on the General Record form:

TABLE XIX

POINTS AT ISSUE BETWEEN PARENT AND CHILD

Point	Number
obedience	17
wants own way	11
quarreling	6
food intake	4
crying	4
rowdiness	4
teased	3
going to bed	3
tearing paper	2
naughty	2
teasing others	2
toileting	1
stubborn	1
going too far to play	1
pouting	1
play in water	1
won't put toys away	1
sassy	1
running streets	1
selfish	1
keep clean	1
run away	1
undresses feet	1
thumbsucking	1
dressing	1
correction of play	1
	83

Obedience is most often the point at issue. It was reported 17 times, wanting his own way was reported 11 times. Most points at issue have to do with discipline, which probably is to be expected in any group.

Responsibility for discipline reported shows that both father and mother share in 134 cases; the mother alone in 68 cases; the father alone in 9 cases; the grandmother in 4 cases; and the guardian in 1 case.

Spanking is used in 159 cases. Both the father and mother spank in 58 cases; the mother spanks in 54 cases; and the grandmother spanks in 3 cases.

Play is an important activity among pre-school children. Playmates are significant for, if children are setting patterns of behavior at this early age, the value of associating with persons on their own age level cannot be ignored.

It is interesting to note that:

8 children played with 2 year olds
9 children played with 2 - 3 year olds
47 children played with 2 - 4 year olds
98 children played with 2 - 5 year olds
121 children played with 2 - 6 year olds
56 children played with 2 - 7 year olds
44 children played with 2 - 8 year olds
110 children played with 2 - over 8 year olds

The number of playmates indicates a healthful situation since sharing, taking turns, and other experiences are provided through association with several children of various ages.

Among Idaho children:

20 children had 1 playmate

37 children had 2 playmates

20 children had 3 playmates

29 children had 4 playmates

9 children had 5 playmates

6 children had 6 playmates

3 children had 7 playmates

10 children had over 7 playmates

Out of the 216 children, 96 children were restricted to their own yards, 63 were not, and 57 did not indicate. Eighty-two were restricted to the block, 10 were not, and 124 did not give data.

Adjustments to strange adults is difficult for many children. Parents report the reactions to strange adults in the following numbers:

Forty-five were normal, 29 were shy, 23 were timid, 25 were bashful, 36 were friendly, 8 were forward, 7 were afraid, and 43 did not state.

If play is acceded to as being an important part of a child's life, the number of toys the child has is significant.

The following tabulation shows the number of toys among the Idaho nursery children:

14 children had 0 toys

12 children had 1 toy

41 children had 2 toys

44 children had 3 toys

39 children had 4 toys

26 children had 5 toys

13 children had 6 toys

4 children had 7 toys

1 child had 8 toys

22 children did not state

This whole tabulation indicates a meagre toy environment among under-privileged pre-school children in Idaho. It is decidedly unfortunate that young children do not have more toys available.

Dolls were most abundant, being indicated 107 times. Wagons numbered 50; toy cars, 47; blocks, 32; doll buggies, 36; tricycles, 37; trucks, 36; doll dishes, 38; and balls, 41.

Fifty-two children had no books; 54 had one; 26 had two; 12 had three; 3 had four; 3 had five; and 66 did not state. Among the books listed were picture books, Mother Goose, paint books, A B C, Peter Rabbit, Three Bears, Nursery Rhymes, Three Little Kittens, Three Little Pigs, Christmas stories, Mickey Mouse, animal books, Bible

Stories, Skippy, Goldilocks, Robinson Crusoe, Katherine Cow and books of like type.

Stories were read or told children by 83 fathers, 165 mothers, and 1 grandmother.

Since love for reading and books is begun in these early years through being surrounded by reading materials, and by being told stories, it is to be regretted that the environment is not more adequate in this regard. This may also have a bearing on the attitude and performance in scholastic development.

Physical Development

Information relative to the physical development of nursery children at entrance was available from the General Report Forms. These data follow in Tables XX to XXIV.

That public health control is at a low ebb in Idaho is definitely shown in the following comparison of disease history.

TABLE XX

DISEASE HISTORY

Disease	ENS 2-6 yrs. %	WHC 1-5 yrs. %	Idaho 18 mo.-6 yrs. %
smallpox	1.8	1.0	3.6
diphtheria	1.1	1.3	0.3
scarlet fever	3.7	4.3	4.7
whooping cough	36.4	29.7	22.7
chicken pox	24.8	21.5	21.2
measles	35.3	29.7	39.9
mumps	7.0	8.5	7.6
poliomyelitis	0.3	1.2	0 reported

When attempting to make comparisons in the above table, one should note the difference in the age-range of the studies. The ENS study included children 2-6 years; the WHC study, 1-5 years; the Idaho study, 18 months-6 years.

Among ENS children, 1.8 per cent had smallpox; among WHC children, 1.0 per cent had smallpox; and among Idaho children, 3.6 per cent had smallpox. A communicable disease, smallpox, for which there is control established through immunization, is twice as prevalent in Idaho as among ENS children and over three times as prevalent as among WHC children.

Diphtheria, reported among ENS children as 1.1

per cent and 1.3 per cent among WHC children, is reported among Idaho children at 0.3 per cent. Public health practices do not account for this and review of report forms reveals nothing which would explain the low per cent reported.

Figures reported on scarlet fever reveal more similarity with the other studies, the ENS children showing 3.7 per cent; the WHC children, 4.3 per cent; and the Idaho children, 4.7 per cent. Scarlet fever is feared among parents largely because of the later effects after apparent recovery from the disease itself.

Whooping cough is usually dreaded by parents of young children because of its long duration, and its weakening effect due to vomiting and interruption of rest by coughing attacks. Loss of weight and weakened from whooping cough, children often develop pneumonia, tuberculosis and other serious diseases. The on-set of whooping cough is so like the ordinary cold that contagion is easily spread before the disease is known. In Idaho, whooping cough is reported as being somewhat less prevalent. Among ENS children, 36.4 per cent have had whooping cough; among WHC children, 29.7 per cent; and among Idaho children, 22.7 per cent.

Chickenpox, although contagious, has not been

considered serious. The ENS children show the highest at 24.8 per cent; the WHC at 21.5 per cent; and Idaho the lowest at 21.2 per cent.

Measles, like scarlet fever, is serious in its after-effects. Bauer says, "Measles is a disease that is not held in sufficient respect, or perhaps it would be better to say disrespect. Every mother knows it sooner or later, especially if she has a number of children. Many children suffer from its baleful effects, but, for some reason difficult to fathom, mothers too often fail to be sufficiently impressed."[15]

The Idaho study shows the largest toll of communicable disease in measles at 39.9 per cent--over one-third of the children. ENS children come next with 36.4 per cent and WHC children with 21.5 per cent.

Bauer states: "Practically everybody is susceptible to measles. It is known among ... people who live in congested areas as a disease of children. This is true only because under the conditions of our city life few escape the infection during childhood. In rural regions ... there is a different story ... measles swept the training camps in epidemic form, especially among

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15. Bauer, W. W., Contagious Diseases, p. 108.

the soldiers from the more isolated rural regions. At the same time the city-bred soldiers escaped; they had had theirs!"[16]

While some patients die from measles, other organ complications following measles, such as pneumonia, kidney weakness, and infected ears, are often very serious.

Mumps, "in little children is not serious."[17] Normal care in keeping the body warm eases pained glands and in young children, we are told, serious after-effects do not result. This disease was found among 7.0 per cent of the ENS children; 8.5 per cent of the WHC children; and 7.6 per cent of the Idaho children.

Poliomyelitis or Infantile Paralysis according to Bauer is misnamed. Although more prevalent among children under ten years of age, adults do have it and the disease does not always leave paralysis. None of the Idaho children are reported as having had Poliomyelitis, although it was reported among 0.3 per cent of the ENS children and 1.2 per cent of the WHC children.

Laboratories have assisted greatly in the discovery and preparation of serum to aid in the control of some communicable diseases, but for a number of the diseases

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16. Bauer, W. W., Contagious Diseases, p.110.

17. Ibid., p.211.

of childhood, no serum or vaccine has been developed.

In Idaho, public health is a frontier yet to be taken. Forty-eighth in rating among the states in this field, it is fortuitous that more serious epidemics have not occurred. However, it is a shameful situation when smallpox, long known to be controlled through vaccination, can attain epidemic proportions as it does within the state.

The other sicknesses and diseases as shown in Table XXI with no available comparable figures, include respiratory and otic difficulties.

TABLE XXI

OTHER SICKNESSES AND DISEASES

Disease	Number	%
influenza	22	19.2
intestinal flu	2	1.7
sore throat	24	21.0
tonsilitis	22	19.2
bronchitis	12	10.5
Otis Media	16	14.0
pneumonia	11	9.6
adenitis	2	1.7
rheumatic fever	2	1.7
white mouth	1	0.8
Total	114	

Twenty-two children, or 19.2 per cent had influenza; 2 or 1.7 per cent had intestinal influenza; sore throats were reported by 24 or 21.0 per cent; and tonsilitis, by 22 or 19.2 per cent. Bronchitis was reported by 12 or 10.5 per cent, while Otis Media, or middle ear infections were reported by 16 or 14.0 per cent. Pneumonia had afflicted 11 or 9.6 per cent; adenitis or infected adenoids, 2 or 1.7 per cent. Two or 1.7 per cent reported rheumatic fever, and 1 or 0.8 per cent reported "white mouth."

Frequent respiratory difficulties are serious due to the fact that inflammation in the upper breathing passages "may leave in its wake a chronic inflammation ... extension of the inflammatory process to adjacent structures ... infections of the nasal sinuses, the ears, the larynx, the bronchial tubes, and the lungs and sometimes the eyes. Secondary to the ear infection there may be disease of the mastoid cells behind the ear."[18]

The onset of communicable diseases and respiratory difficulties is similar to colds. If control is to be maintained, an understanding of this fact must be developed. In this regard, Bauer states: "The symptoms

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18. Bauer, W. W., Contagious Diseases, p.168-169.

of early stages of the communicable diseases are so much like those of the common cold that they are frequently mistaken for colds for some time. This is of tremendous importance from the standpoint of epidemic control--not only in the community, but within the walls of the home. It is the basis for the statement ... that control of the common cold would mean control of the communicable diseases as well."[19]

Parents when interviewed in the ENS and Idaho studies, were asked how many colds the children had per year. In the ENS study, 5.6 per cent reported none or rare; 82.0 per cent reported few; 9.2 per cent reported frequent; and 3.2 per cent reported chronic or constant. In the Idaho study, 28.9 per cent reported one cold per year; 35.8 per cent reported two; 24.4 per cent reported three; 8.2 per cent reported four; and 0.1 per cent reported six colds per year. Both studies indicate that colds are prevalent among young children. In light of the relation to the onset of communicable diseases and to more serious respiratory difficulties later, science could well spend more time and money on research in this field. Until such time as a specific is found for the treatment of colds, parents will find it necessary to

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19. Bauer, W. W., Contagious Diseases, p.169.

control the situation through isolation and the practice and development of desirable health habits among young children. Through the latter practices, particularly, for which the nursery school is outstanding, the general physical condition of children will be improved.

Among the Idaho children, general physical condition was found to be about average--poor, 5.5 per cent; average, 24.4 per cent; good, 22.2 per cent; very good, 16.6 per cent; excellent, 1.8 per cent.

Birth weights and food practices throw some light on the general physical conditions reported in nursery children. Median birth weight of boys in Idaho was 7.18 pounds and of girls, 7.98 pounds which is some few ounces heavier than the average which is usually given as 7.15 for girls and 7.0 for boys. ENS and Idaho parents reported similar food practices, solid food being introduced among ENS children at 10.2 months; among Idaho children at 10.19 months. Idaho children were weaned at 8.56 months and ENS children at 9.3 months.

Pediatricians today urge mothers to nurse babies at least six months and preferably, nine months. This is due to the fact that breast-fed babies are less susceptible to diseases of infancy. The practice among the best pediatricians is to introduce solid food at about 3½ to 4 months

of age. Among the under-privileged families in the ENS and Idaho studies, birth-weights indicate a good beginning. Children are weaned at a satisfactory age; but the introduction of solid food is sorely delayed. Thus the general physical condition of a 2 to 6 year old child may be only good or average, when at this age he should abound in health.

Disease and poor care undermine the proper growth and development aside from being unpleasant for both child and parent. Parents, often ignorant, sometimes careless, need more training in the care of children. Even if well-born, a child's future may be handicapped through disease and neglect. This should not be possible in an enlightened civilization. At this point of education and practical application the nursery school serves and has to a great extent proved successful. When children are started in the nursery schools, parents have been helped to continue health habits and care at home.

Height and weight are not alone indicative of health but are factors which help to indicate general well-being in children. Muscle tone, color, bone-structure, general vitality all must be considered when rating health. Comparative data follow in Tables XXII A and B.

TABLE XXIII A

HEIGHT IN INCHES

Age	Median ENS Boys-Girls	Median WHC Boys-Girls	Median Idaho Boys-Girls	Baldwin Mean Boys-Girls
2 yrs.	35.5 - 35.1	35.0 - 34.8	34.8 - 33.1	34.9 - 34.6
3 yrs.	38.3 - 37.9	38.5 - 37.9	38.6 - 38.1	37.9 - 35.6
4 yrs.	40.9 - 40.5	41.2 - 40.5	41.8 - 41.0	40.4 - 40.0
5 yrs.	43.1 - 43.0	42.6 - 42.8	42.6 - 43.0	42.8 - 42.3
6 yrs.	44.7 - 44.4			

Only slight variations are found in the above tables. At 2 years, Idaho children are approximately an inch shorter than ENS and WHC children. At 4 years, the ENS children are shorter, but at 5 years, are taller. Idaho 4 and 5 year-old girls are taller than the boys. At 5 years, the Idaho girls are the same height as the ENS; the Idaho boys are the same height as WHC boys.

The following Table XXII B indicates comparative weights among the children of these studies.

TABLE XXII B

WEIGHT IN POUNDS

Age	Median ENS Boys-Girls	Median WHC Boys-Girls	Median Idaho Boys-Girls	Baldwin Mean Boys-Girls
2 yrs.	30.9 -29.1	30.5 -27.9	30.7 -29.5	28.2 -26.9
3 yrs.	34.1 -32.9	35.2 -33.7	34.5 -33.6	32.9 -31.1
4 yrs.	37.8 -36.3	32.8 -38.5	40.3 -37.7	36.3 -33.9
5 yrs.	42.1 -40.4	41.0 -40.2	41.5 -40.0	40.2 -37.7
6 yrs.	44.1 -42.2			

Weight is an important indicator when taken into account with other factors. Whether a child is gaining or losing is more important than the actual weight at a given age.

Girls usually are slightly heavier at birth but do not seem to maintain their advantage. Variations are slight with each successive year showing gain in weight.

The Child in the Nursery School

After attending nursery school two weeks, teachers rated the children as to their general condition. Subjective, as all individual ratings are, these ratings included such items as build, large and small muscular coordination, health, activity, attitude toward food,

dressing, eating, sleeping habits; bladder and bowel control; speech and vocabulary; intelligence; emotional responses as anger and fear; and group play.

These teacher-ratings are shown in the following Table XXIII:

TABLE XXIII

RATING AS TO GENERAL CONDITION

a.

Build	No.	%
slender	67	31.1
medium	111	52.3
heavy	34	16.0
not given	4	

b.

Health	No.	%
frail	13	6.1
poor	12	5.6
fair	69	32.5
healthy	100	47.1
robust	18	8.5
not given	4	

c.

Large Muscle Coordination	No.	%
very clumsy	4	1.8
clumsy	11	5.1
fair coordination	68	31.5
good coordination	122	57.2
exceptional coordination	8	3.7
not given	3	

d.

Small Muscle Coordination	No.	%
awkward-inept	2	0.9
awkward	6	2.7
fair control	72	33.9
good manipulation	122	57.5
exceptional coordination	10	4.7
not given	4	

e.

Activity	No.	%
inactive	3	1.4
very quiet	13	6.1
quiet	38	18.4
active	95	44.8
very active	62	29.2
not given	4	

f.

Attitude toward Food	No.	%
many refusals	8	3.8
finicky	28	13.3
fair	41	19.5
eats well	77	36.6
hearty	56	26.6
not given	6	

g.

Dressing Habits	No.	%
teacher does all	18	8.5
teacher does much	29	13.8
teacher does some	55	26.1
teacher does little	66	31.4
teacher gives none	42	20.0
not given	6	

h.

Eating Habits	No.	%
teacher does all	2	0.9
teacher does much	13	6.1
teacher does some	33	15.6
teacher does little	51	24.1
teacher gives none	112	53.0
not given		

i.

Sleeping Habits	No.	%
much difficulty	35	16.5
some help	40	18.8
little help	56	26.4
sleeps easily	81	38.2
not given	4	

j.

Bladder Control	No.	%
states need	194	91.4
does not state need	15	7.1
not given	7	[illegible]
no control	2	0.9
partial control	17	8.1
complete control	192	91.3
not given	5	

k. Bowel Movements

	No.	%
states need	200	94.8
does not state need	11	5.2
not given	5	
no control	3	1.4
partial control	13	6.1
complete control	104	92.3
not given	6	

l. Speech

	No.	%
incomprehensible	3	1.4
indistinct	48	22.9
average	70	33.5
clear	54	25.8
very distinct	34	16.2

m. Vocabulary

	No.	%
very limited	11	5.2
limited	35	16.6
average	86	40.7
good	69	32.7
exceptional	10	4.7

n. Intelligence

	No.	%
very dull	2	0.9
dull	5	2.3
average	101	47.8
bright	92	43.6
very bright	11	5.2
	211	

o. Anger

	No.	%
never	40	18.9
seldom	75	35.5
angry under appropriate conditions	54	25.6
often	34	16.1
tantrums	8	3.8

p. Fear

	No.	%
timid	50	23.9
occasionally	86	41.1
fearless	73	34.9
	209	

q. Group play

	No.	%
solitary	4	1.9
onlooker	15	7.1
parallel	9	4.2
some	99	46.9
much	84	39.8
	211	

As revealed in Table XXIII, more than half of the Idaho Nursery School children are medium build, healthy with good large and small muscle coordination. Active children, they eat well with little or no help of the teacher. They sleep easily or with little help and have complete bladder and bowel control. Their speech is average or clear with average and sometimes good vocabulary. Of average or bright intelligence, they are seldom angry or only angry under appropriate conditions. They are occasionally afraid. Idaho Nursery School children play some or much with groups.

About one-third of the children are slender in build; in frail, poor, or fair health; very clumsy, clumsy, or fair in muscle coordination. They are quiet, inactive; refuse food, are finicky toward food or are only fair eaters, requiring some or all of teacher's help in eating. About a third of the children also need some or all of the teacher's help in dressing and in sleeping. A much smaller proportion, about 15 per cent, in bladder control and about 12 per cent in bowel control, do not state need or have only partial control established. One-fourth of the children speak indistinctly or their speech is incomprehensible with limited or very limited vocabulary. One-fourth of the children are timid. Only seven

are reported as dull or very dull in intelligence, three per cent of the total number. Ten per cent anger often and have tantrums. A small number, nine per cent, are onlookers in group play or play alone.

Approximately 15-17 per cent of the children fall into the exceptional group. Approximately the same number are heavier and robust in build, have exceptional muscle coordination and very active.

Twenty-five per cent are hearty eaters and require none of the teacher's help, the same approximate number dress themselves. Approximately 14 per cent have much difficulty in sleeping. Approximately 14 per cent speak very distinctly and ten children are reported as having exceptional vocabularies. Eight children have tantrums. Seventy-three children are reported as fearless.

Data amassed in this fashion can only serve to give a general picture. Also, one should remember that teacher ratings are subjective, affected by the extent to which a teacher knows children and has had experience in the fields in which they are asked to judge. However, information thus assembled no doubt is more valid than that contributed by parents as teachers know numbers of children in objective fashion while parents are tied up emotionally with a few.

Without a satisfactory intelligence test, ratings on intelligence are apt to be vague. Without tests or consistent observation and recording, one is unable to determine in a survey study of this type whether it was the active, intelligent, hearty child or the quiet, timid child who, for instance, found difficulty in sleeping. Knowledge of different types of children would help in determining trends. Also, malnutrition, anaemia, glandular or toxic condition may make a child appear dull.

In attempting to evaluate a child's behavior, an adult should always ask himself the question, "Why does this child behave in this manner?" If the adult does this, the causes of many serious difficulties may be discovered. Causes should be corrected and not symptoms treated. In order to do this, each child should be studied completely as an individual.

"The psychologist will assure the parent ... that general intelligence tests, as we have them today, can measure only approximately one phase of the child's equipment; namely, his intellectual power. His ability to work with his hands, his ability to get along socially with other people, and his capacity for self-dependence are added factors which have an important place in any complete

study of his possibilities for life adjustment."[20]

The groupings as shown by the teacher ratings conform fairly well with those accepted by other writers. For example, Elise H. Martens states, "Most of the children in this world are of about average intelligence. Of every 100 children in our schools, about 60 belong in this group. While there are many individual differences among them, it may be said that they represent the general level of American intelligence. Of the remaining 40 children, approximately 20 are unable to master the high school curriculum, but the other 20 have ability to go beyond the high school into university training. These (not more than 5 or 6 out of 100) are the children whom we designate as 'exceptionally bright'."[21]

The Idaho study rated 11 out of 211 children as "very bright."

Social adjustment is important and is helpful in determining a child's well-being. Elise Martens states that the farther from normal the child is, the greater is the possibility of conflict. Observation of children in their social contacts reveals problems which may need wise guidance and re-education.

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20. Martens, Elise H., Parents' Problems with Exceptional Children, U.S. Bulletin, no. 14, 1932, p.5.

21. Ibid., p.5.

The idea that a very bright child is apt to suffer from nervous or organic weaknesses is not supported by research. In fact, "the gifted group is, as a whole, physically superior to the various groups used for comparison."

In attempting to study the child as an individual, physical variations among children are taken into account. Dr. Wile says each child is "a law unto himself." Bird T. Baldwin often showed a picture of four of the 13 year old children of the same intelligence quotient of approximately 120. The four differed greatly in physical size, social maturity and interest. This photograph, with available records, impresses variations among children in a forceful way.

Among a hundred children, about the same number as the exceptionally bright are very dull. Care should always be taken to determine whether a child is definitely dull or whether he appears so because of illness, malnutrition or some other removable factor.

Set up to serve children as individuals, with an intelligent teacher asking herself "why" in each child's behavior, causal factors are isolated and many children are guided into good life adjustments. Good physical care, in an adequate environmental situation which includes a variety of equipment suited to use at all age

levels, provides experiences for adequate growth and development among nursery school children. Also the nursery school demonstrates better methods and care to parents, students and public school teachers.

Teachers were asked to make a rating as to childrens' attitudes; this data follows in Table XXIV*.

TABLE XXIV

ATTITUDES

a.

Toward teacher	%
shy	14.0
reserved	10.3
normal	24.8
easy	41.7
aggressive	8.9

b.

Toward children	%
shy	9.8
reserved	12.6
normal	26.2
easy	39.4
aggressive	11.7

c.

Toward small play material	%
no interest	1.8
interest	58.7
much interest	39.3

d.

Toward large play material	%
no interest	6.4
interest	56.1
much interest	37.5

e.

Toward stories and conversation	%
no interest	6.6
interest	54.2
much interest	39.1

f.

Toward music	%
no interest	8.0
interest	61.7
much interest	30.1

g.

Toward rhythm	%
no interest	9.2
interest	61.6
much interest	29.0

* Comparable data were not available in WHC and ENS studies.

Toward teachers, 14.0 per cent of the children are shy and 10.3 per cent reserved. Toward children, 9.8 per cent were shy and 12.6 per cent were reserved. These percentages are greater than one would expect. Introvertive, quiet, shy behavior is much more a problem in personality development than extrovertive, aggressive behavior. Teachers and adults who are not trained in mental hygiene favor the quiet, reserved type because they cause less irritation and noise. "Good" children are approved by most adults although their "goodness" is considered a danger sign and not a virtue for the wise. Wickman, in his study on Teachers' Attitudes, points out that these children are more often the "problem" children than the aggressive.

Other than these variations, it would seem that most of the Idaho children were normal in attitudes.

Some teachers expressed the opinion that since these children were from underprivileged homes, greater interest in all phases of the program might be shown than among children from more privileged homes. Since interest and activity are characteristic of the normal child, a study with control groups would be necessary to determine whether there was anything unusual in this group.

CHAPTER V

SUMMARY AND IMPLICATIONS FOR FUTURE PLANNING

This is a study of the children in the Emergency Nursery Schools in the state of Idaho. All sections of the state were represented by data. Sixteen units were included in the study and they included 216 children, 101 boys and 115 girls. The data were secured from parents, teachers, physicians and nurses. The facts and data were taken from the following sources: (1) The General Record, (2) Daily Attendance Record, and (3) Sleep Record. In all respects, Idaho seems to be a typical state of the United States.

Much of the data in the Idaho study show great similarity to the ENS and WHC studies. Particularly is this true in the portions dealing with developmental data. However, a number of significant facts which point to areas of need and the direction into which efforts in planning for the betterment of young children did emerge.

In this study, the writer set out to do several things, as follows:

First, to discover significant factual information relative to under-privileged children in Idaho as to their (a) family and home life; (b) physical condition; (c) contagious diseases; (d) state of development; (e) habits

acquired before entering school; (f) habits developed at entrance; (g) eating habits; (h) cause of absences; and (i) sleep-time among nursery school children.

Second, to interpret this information in light of trends in early childhood education.

Third, to make these facts available to educators and interested lay-groups in local communities in order to stimulate and activate those persons and groups toward definite educational planning for young children in the state.

Fourth, to indicate such special problems and areas for further study as are needed to develop such a program.

Significant facts revealed in the Idaho study are:

(1) Parents of Idaho nursery school children in the underprivileged group are predominantly Americans who speak English. Few parents stated their usual occupations in the professional, semi-professional, and managerial classes, but were chiefly in clerical, skilled trades, and day laborers. During the depression, the class including clerical and skilled trades was eliminated and the unemployed class was increased by about 20 per cent.

(2) On the whole, the parents are somewhat younger than the average, the largest grouping of mothers occurring between 20-28 years. Most of the fathers are older

than the mothers. Mothers have more formal education than fathers, girls getting some high school training while most of the fathers have but an eighth grade education. The problem of divorce affected the home life of 20.3 per cent of the total number of children studied.

(3) More than half of the parents were born in the northwestern states and most of those not from the northwestern states migrated from the central states.

(4) Approximately three-fourths of these persons have lived two years or less in their homes which show lack of modern snaitary equipment, radio, etc. Few owned automobiles. This does not support the popular criticism that all the relief clients "have cars." Idaho homes were reported as having more books than reported in the other studies.

(5) Play-yards at home, meaning in the majority, are not supplemented in Idaho by play grounds and recreational facilities accessible within six blocks, a reasonable walking distance for pre-school children.

(6) The extent of crowding is shown by the fact that there are three times as many young children living in 1-2 room houses as shown in the WHC study. With approximately 75 per cent of the families in Idaho having 3-7 or over children per family, the housing situation is serious.

(7) Except for creeping, the Idaho children were slower in motor development but quicker in language than those in the ENS study.

(8) The amount of time in sleeping, particularly among the 4-5 year olds, indicated a probable lack of proper rest at home. Over one-half of the children slept two hours. The time spent in going to sleep was less than among other children of this age group. Most young children in Idaho go to bed from 7-8 P.M. and rise by 7 A.M., which might or might not support the previous supposition that these children lacked proper rest at home. Rest depends, however, upon amount of crowding, disturbance, while attempting to sleep.

(9) In approximately 80 per cent of the cases, there were from 1-5 adults sleeping in the same room with the nursery age children; in 44.6 per cent cases there were two adults. In approximately 60 per cent of the cases, there were from 1-8 children in the young child's room. In few cases were there more than three other children sleeping in the same room. Knowing the size of homes and families, the data on the number in a bed seems open to question.

(10) Dressing habits are reasonably well established among this group.

(11) Milk and eggs seem most lacking in diet, while vegetables and fruits listed more often than might be expected. Breads and cereals are frequent, but probably not so frequent as among city families. Fruit was most liked and vegetables most disliked with spinach and carrots heading the list.

(12) Fear of animals and the dark were mentioned most often.

(13) Anger was shown most often when children wanted their own way. Methods for meeting anger and fear were varied from less desirable use of physical force to the more liberal one of dealing with the problem according to the situation. Spanking was used more often in connection with anger than with fear.

(14) A small number of nervous habits was mentioned, chiefly thumb-sucking and nail-biting. Both were possible evidences of feelings of insecurity.

(15) Scolding and spanking, least desirable as means of control are most often used.

(16) Conflict between parents and children occur chiefly when obedience is demanded by parent and the child wants his way. Father and mother share in the responsibility for discipline.

(17) A healthful situation apparently exists in regard to the play-life among children of their own age.

More than 85 per cent play with 2-4 playmates.

(18) Approximately one-third of the children were shy, timid, bashful and afraid of strange adults.

(19) The absence of many toys indicates a meagre play environment. One-fourth of the children had no books and most of the books listed were about animals. Fathers told children stories half as often as mothers did.

(20) Communicable disease control is an important problem in Idaho as shown by the fact that twice as many children in Idaho have smallpox, a preventable disease, as among ENS children and three times as many as among WHC children. The low number of diphtheria cases cannot be accounted for, but the prevalence of whooping cough and measles was serious as they most often result in otic and respiratory difficulties. Colds are prevalent with no apparent methods of control or prevention.

(21) Idaho children were slightly heavier at birth than the average, indicating a good start, physically, in life. The delay in introducing solid foods might keep a child's condition at average when health should be abounding at this age.

(22) Only slight variations in height and weight were found.

(23) Findings as to general conditions and attitudes divulged no significant facts. A study with a control group would be necessary in order to make adequate comparisons.

(24) Most Idaho children were normal in their attitudes.

Implications for Future Planning

That economic upheaval affected standards of living in Idaho, as in other areas, indicates the necessity of trying to help provide steady employment and economic security for this group. Young children are definitely affected in a lowering of family standards. Food is less adequate in protective and growth elements as milk, fruit, eggs, and vegetables are not found in as great frequency as is necessary. This problem is the first and basic problem.

The second fact of significance disclosed is inadequate housing of young children. None too good in any pioneer state, Idaho fares three times as poorly as the same type of group reported in the ENS study and nine times as poorly as reported in the WHC study. Mobility of the family as shown by the time lived in the present home indicates dissatisfaction with living conditions. Poor

sleeping arrangements further accentuate this need. The increased irritations attendant upon crowded family life naturally creates an unwholesome environment for young children.

The third area in which serious planning and practice are necessary is that of health. Prevalence of smallpox and measles in Idaho points to the need of uniform and compulsory quarantine and health laws. Likewise, a program of health education should be instituted. Otic and respiratory difficulties, with their attendant later developments, are serious.

The recreational field is the fourth inadequacy in family life, as it affects young children in Idaho. Play is a child's work. Out of play experiences, a child makes his life. Meagre play-yards and inaccessible playground facilities are handicaps to normal development. Uncomfortable, irritated, older family members, made so by crowding and inadequate places for normal emotional and physical outlets through wholesome recreation, seriously handicaps health development in young children.

A fifth area of need lies in the educational field. Fathers of these under-privileged children usually had no educational privileges above the eighth grade. Vocational counseling and training, avocational and vocational adult education should be available to all who need such services.

In brief, then, social planning for the benefit of young children as the low-income group in Idaho should give attention to the following:

First, a means of making a living commensurate with the maintenance of at least a minimum standard of living;

Second, adequate, economical housing;

Third, public health education, facilities and practices on such a basis as will make it available to this group;

Fourth, a recreational program for all family members;

Fifth, additional educational opportunities to meet the vocational, avocational and cultural needs, such a program to include laboratory centers for the demonstration of better methods with children in parent and pre-parent education.

Recommendations for Future Studies

To be of most value, developmental data should be available on children from other income levels for comparison. This could well be done by establishing a control group upon which the same data are made available for the same territory.

A follow-up of these children as they progress through the grades would provide interesting data as to the benefits derived from a consistent program of education for young children.

One interesting study might be made in regard to the relation between animal books and stories and the fear of animals which was indicated as the most mentioned fear.

The cost of a plan for public schools as well as the development of a coordinated school plan would aid a planning group. School officials often discouraged by increased attendance coupled with retrenchments due to inadequate funds for education of the legal age child cannot see how this program can be geared into the public school system. The question of when and for how long shall education be a public function still is unsolved. Any studies in this direction would be well accepted by the State Department of Education as a means to guidance in educational planning.

(Send White Copy to Department of
Public Instruction, Boise, Idaho)

GENERAL RECORD OF NURSERY SCHOOL CHILD

(One copy (yellow) of this blank is to be filled out for each child and retained for the use of the nursery school staff. A duplicate copy (white) is to be sent to the Department of Public Instruction, Boise, Idaho. The information should be collected within the first two weeks after the child's entrance.)

Sex.....; Age.....yrs.....mos.; Full name.....
Birthdate.....Date of entrance.....
(Name of school)..... Emergency Nursery School,
(location).....
Information obtained by (name and official position).....
.....
Information obtained from (give relation to child).....
.....

Child's Family and Home
(Information to be secured from child's parents)

Father's name.....Father's age.....
Mother's maiden name.....Mother's age.....
Home address.....Telephone.....
Father's usual occupation.....
Present occupation.....
Is father employed now?.....Where?.....
Is child's father living?.....Mother living?.....
Divorced?..... Separated?.....
Birthplace of father.....of mother.....
What languages other than English are spoken in the home...
.....
Education of father (Encircle highest grade reached in school): Grade 1 2 3 4 5 6 7 8; High School 1 2 3 4; Business College 1 2; Trade School 1 2; College 1 2 3 4 5 6 7.
Education of mother (Encircle highest grade reached in school): Grade 1 2 3 4 5 6 7 8; High School 1 2 3 4; Business College 1 2; Normal School 1 2 3 4; College 1 2 3 4 5 6 7.
How many years has family lived in present home?.....
How many rooms in home?.....
Does family have a: plumbing toilet.....; bathtub.....; sink.....; radio;.....; automobile.....
Approximately how many books are in the home, none.....; 1-25.....; 26-50.....; over 30.....
Does family have a yard that is used for play?.....
If not, has child access to other outdoor play space?...
Is there a playground within six blocks?.....

List all children in family including this child in order of birth, including dead children.

Name	Age	Boy or Girl	Date of birth	Living at Home	Cause and age of death if dead	Present school grade or highest grade reached
1						
2						
3						
4						
5						
6						
7						
8						
9						

Other members of household. (List relatives, boarders, roomers, etc.)

	Name	Age	Relationship to child	Comments
1				
2				
3				
4				
5				

Child's Development and Habits

(Information to be secured from child's mother)

Development: At what age did child begin to talk?..... What was the first word he used meaningfully?..... At what age did he begin to use sentences?.....At what age did the child: begin to crawl or creep?..... take the first step unassisted?..... to walk freely and easily?.....to climb stairs?.....

Eliminative habits: Is bowel control established?.....
If so at what age was it established?.....Is bladder control established?.....If so at what age was is established?.....What is the child's term for urination?.....for bowel movement?.....Can you rely on the child to state need for urination?.....for bowel movement?..... What time of day does child usually have bowel movement?.....Does child usually stay dry at night?.....Is child taken up at night?.....
Irregularities or problems.....
.....

Sleeping habits: At what time does child usually go to bed?
..... At what time does child usually get up?.....
Does child usually take a nap?.....If so, he usually naps from.....P.M. to.....P.M. Does child sleep in a bedroom?.....If not, where?.....How many others sleep in the same room with him?.....adults,.....children.
How many others sleep in his bed?.....adults,.....
children. Problems connected with sleeping.....
.....

Eating habits: Check the items which the child usually has for breakfast: bread or toast.....; eggs.....; meat...; coffee or tea.....; fruit.....; cooked cereal.....; dry cereal.....; cocoa.....; other.....
How much milk does child usually drink at breakfast?....
.....glasses.
Check the items which the child usually has for the noon meal: soup.....; meat or fish....; eggs.....; bread or toast.....; potatoes.....; other cooked vegetables.....
.....; raw vegetables.....; fruit.....;
cooked cereal.....; dry cereal.....; coffee or tea...;
cocoa.....; other.....
How much milk does the child usually drink at noon?.....
glasses.
Check the items which the child usually has for the evening meal: soup.....; meat or fish.....; eggs.....;
bread or toast.....; potatoes.....; other cooked vegetables.....; raw vegetables.....; fruit.....;
cooked cereal.....; dry cereal.....; coffee.....;
tea.....; cocoa.....; other.....
How much milk does the child usually drink at the evening meal?.....glasses.
Does the child eat at any other time (i.e. between meals)
.....If so, what?.....What does the child
especially like?.....
What foods does the child especially dislike?.....
.....
How much cod liver oil is given the child daily?.....
How is it given?.....
Does child usually eat with the rest of the family?.....
Is he usually hungry?.....

Does child feed himself completely?.....
partially.....not at all.....
Problems connected with eating.....
.....
Dressing habits: Does child dress himself: completely.....;
partially.....; not at all..... Can child fasten:
buttons.....; snaps.....; zippers.....; lace shoes.....
Emotional life: Has child shown marked fear?.....If so
list things which elicit fear?.....Parents'
methods of meeting fears?.....
Does child show anger easily?.....Does he have anger
outbursts or temper tantrums?..... If so, on what occasions?.....Parents' methods of meeting
anger?.....
Does child have nervous habits (biting nails, thumbsucking,
handling genitals, etc.)?.....
.....
Special emotional problems.....
.....
Discipline: Who is responsible for discipline? Father.....;
mother.....; both.....Is child spanked?.....;
by mother.....; by father.....Types of control most often
used; spanking.....; scolding....; ignoring.....;
isolation.....; deprivation of pleasure.....; praise...;
bribes.....; unfavorable comparisons.....; others.....
What points are most often at issue between parent and
child?.....
Interests and play activities: How many playmates come into
the home frequently?..... What are their ages?.....
In how many other homes does child play frequently?.....
Is child's play restricted to home yard?.....; to the
block?.....How does child react to strange adults?...
.....
List the toys the child has.....
List any books the child owns.....
Does the father tell or read stories to the child?.....
Does the mother tell or read stories to the child?.....

Physical Examination of the Child

(To be filled in by school physician or
transferred from other records by nurse)

Name of Examiner.....
Date of examination.....
Child's height (without shoes).....Weight (stripped)...
Chest C.....Head C.....
Examination
I. Skin.....
.....

II. Head.....
  1. Ears.....
  2. Eyes.....
  3. Throat:.....
     Tonsils.....Adenoids.....
  4. Teeth: No.....Condition.....
III. Chest.....
  1. Heart.....
  2. Lungs.....
IV. Abdomen.....
V. Back.....
VI. Extremities.....
VII. Medical History. Condition at birth.....
  Weight at birth.....
  Term..... Delivery.....
  Feeding: breast entirely until.....mos.; Bottle at...
  .....mos; Solid food at.....mos.

	Disease		
	Dates	Nature of attack	After effects
Smallpox			
Diphtheria			
Scarlet fever			
Whooping cough			
Chicken pox			
Measles			
German measles			

	Preventive Measures			
	Dates	Method	Tests or exposure	Effect
Smallpox				
Diphtheria				
Scarlet fever				
Whooping cough				
Chicken pox				
Measles				
German measles				

Other diseases: 1. Influenza, 2. Bronchitis, 3. Pneumonia, 4. Mumps, 5. Poliomyelitis, 6. Tonsilitis, 7. Adenitis, 8. Rheumatic fever, 9. Chorea, 10_____.

	Number of attacks per year	Character and Intensity of attacks	Length of Attack	Recovery and after effects
Colds				
Otitis media				
Sore throat				

VIII. Rating as to general physical condition. Underline appropriate term. Very poor, poor, average, good, very good, exceptional.

IX. Remarks_____

_____

_____

_____

Child in the Nursery School

(This section is to be filled in by the head nursery school teacher with the assistance of the staff. It should be based upon the first two weeks of the child's school experience.)

1. Height of child at entrance to school (without shoes or stockings)..... feet.....inches.
2. Weight (stripped) of child at entrance to school..... pounds.....ounces.
3. Score on intelligence test if one is given. Name of test.....
   Date given.....Mental age....I.Q.....Score.....

For each of the following categories, underline the item or description which best fits this child.

a. Build: slender, medium, heavy.
b. Health: frail, poor, fair, healthy, robust.
c. Activity: inactive, very quiet, quiet, active, very active.
d. Large muscle coordination: very clumsy, clumsy, fair coordination, good coordination, exceptional coordination.
e. Small muscle coordination: awkward and inept, awkward, fair control, good manipulation, exceptional coordination.
f. Dressing habits: teacher must do all, needs much help, needs some help, needs little help, needs no help.

g. Eating habits: a. must be fed by teacher, needs much help, needs some help, needs little help, needs no help.
   b. Many refusals, finicky, fair eater, eats well, hearty eater.
h. Sleeping habits: Much difficulty, needs some help, needs little help, goes to sleep easily.
i. Bowel movements: a. does not state need, states need.
   b. No control, partial control, complete control.
j. Bladder: a. does not state need, states need.
   b. No control, partial control, complete control.
k. Speech: incomprehensible, indistinct, average, clear, very distinct.
l. Vocabulary: very limited, limited, average, good, exceptional.
m. Intelligence: very dull, dull, average, bright, very bright.
n. Anger: never angry, seldom angry, angry under appropriate conditions, often angry, frequent tantrums.
o. Fear: timid, occasionally shows fear, very fearless.
p. Group play: solitary, onlooker, parallel play, some participation, much participation.
q. Attitude toward teachers: shy, reserved, normal, easy, aggressive.
r. Attitude toward children: shy, reserved, normal, easy, aggressive.
s. Attitude, large play apparatus: no interest, interested, very much interested.
   Smaller play materials: no interest, interested, very much interested.
   Stories and conversation: no interest, interested, very much interested.
   Music: no interest, interested, very much interested.
   Rhythms: no interest, interested, very much interested.

Nursery Schools
State Department of Education
Works Progress Administration
Idaho

Name of School_____ ATTENDANCE RECORD Week Beginning Mon._____

	NAME	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY		
		P	A	Cause for absence	P	A	Cause for absence	P	A	Cause for absence	P	A	Cause for absence	P	A	Cause for absence
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
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23																
24																
25																
26																
27																
28																

662

NAME OF SCHOOL_____

305 NAP RECORD--WEEK Beginning_____

EEP
ENS - 34

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	TIME	REMARKS	TIME	REMARKS	TIME	REMARKS	TIME	REMARKS	TIME	REMARKS
	BED ASLEEP AWAKE		BED ASLEEP AWAKE		BED ASLEEP AWAKE		BED ASLEEP AWAKE		BED ASLEEP AWAKE	

DIRECTIONS: Time is important as an element in planning schedule or to show progress. Under "Remarks" note progress, difficulties or unusual behavior. (e.g. "wet bed", "cried upon awaking," "kept thumb out of mouth").