A STUDY OF TWENTY-SEVEN DAY-CARE CENTERS IN CENTRAL HARLEM,
RIVERSIDE, AND WASHINGTON HEIGHTS, NEW YORK CITY,
FROM OCTOBER, 1947, TO FEBRUARY, 1948

A THESIS
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CHAPTER I

INTRODUCTION

Statement of Problem

Out of each world war there has developed on national, state and local levels, a deepening concern for enriching the culture in which the growth of children must take place. On the national level in 1919, after the first World War, the White House Conference on Children was concerned with standards for their care. In 1920, the Child Welfare League of America was established, following the recommendation of the first White House Conference of 1909.

Locally, in New York City, World War I gave rise to the Play Schools Association of 1917. Their program, in cooperation with the Board of Education, was designed to meet the needs of school age children during out of school hours.

During the second World War, the Children's Bureau Commission, as of 1942, adopted a "Program of State Action" based on the "Children's Charter in Wartime." Through the Lanham Act, day care was provided for children of working mothers in war industry communities. In New York, the

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3 Ibid., p. 145.
Mayor's Committee for the Wartime Care of Children was created to expand day care facilities for children of working mothers.

The tensions of peace have come to our communities with the end of the recent war emergency. Day-care programs are being shut down or struggling to remain in operation.

Now, more than ever, we need an adequate philosophy of child development to shape our social planning and our practices in home and school.1

Perhaps the most ameliorative social force that can be released in the years of reconstruction which lie ahead, is an intensified conservation of the development of infants and young children. They are the sources and carriers of life.2

In New York City in 1947 the problem was that of establishing day care on a permanent basis under public sponsorship. The Urban League of Greater New York was especially interested in the need of Negro families for day care. The task of obtaining directive data as a background for a sound approach to the problem was assumed by the League's Research Department. Mrs. Olivia Frost, Research Secretary, and the Research Committee, headed by Dr. Neva Deardoff, pointed out the responsibility of the Urban League to supplement available source material on day-care, especially as concerned with the Negro working mother. During a field work placement at the Urban League of Greater New York, the writer did much of the preliminary work on the research project under the

1Arnold Gesell and Frances Ilg, Infant and Child in the Culture of Today (New York, 1943), p. x.

2Ibid., p. 357.
supervision of Mrs. Frost, in collaboration with Dr. Deardoff and the Research Committee.

Purpose

This study was undertaken as a limited examination of day-care programs in selected crowded and changing communities populated largely by Negroes. Based on the general shortage of day-care facilities for young children in the city of New York, it was conceived that a study of such communities, otherwise poor in social well-being, would reveal specific existing conditions in the area of day-care. Consideration was given to the need for day-care, the standards and problems of the centers, and their effectiveness as community agencies. In turn, the community resources which provided services to the day-care centers were studied.

Scope and Limitations

This study has for its purview twenty-seven operating centers and six non-operating centers in Central Harlem and Washington Heights, New York City, and concerns itself with their activities from October, 1947, to February, 1948, and in their services to children under the age of fifteen.

An investigation of day-care facilities geared to meet the differing needs of pre-school and school-age children might well result in a more extensive study than this one. The consideration of these differences in this study has been limited to one table showing how many programs serve children
of pre-school and school age. Other community problems that impinge on the problem of day-care are street clubs, recreation, and the care of children by individuals in foster day-care situations unknown to health officials. In this study, it has been possible merely to imply the need for recognition and solution of these problems. Two studies done by others in the field of day-care in New York City were extremely helpful as research guides for this study.

The first of these studies was a set of "Memoranda" prepared in the period from 1943 to 1945 by the Welfare Council of New York City for the Mayor's Committee for the Wartime Care of Children. These memoranda were prepared according to convenient geographical neighborhoods, dealing with the characteristics and social conditions of the population of each area. Detailed information concerning sample blocks was given in order to point up possible day-care need. Because of wartime increase in the Negro population in New York City, and because of shifting population, much of this data was no longer pertinent at the time this study was begun.

The second work done by others was a booklet, "Day-care of Little Children in a Big City," prepared by the Child Welfare League of America for the Day-Care Unit, the Bureau of Child Hygiene, the Department of Health of New York City. This study was and is important as the history of the first three years of operation of the Day-Care Unit, which supervises and licenses all day-care agencies in the five boroughs
5 of New York City.

Out of a group of sixteen neighborhoods in Greater New York having a Negro population of 5 per cent or more, the two communities finally selected were chosen for two reasons. First, they have the largest concentration of Negro population; and second, the Riverside and Washington Heights areas show a large recent influx of Negroes.

The fact that no more than six months could be devoted to the gathering of material for this study was its first limitation. Details concerning individual centers are merged into the larger community outlook regarding day-care. Furthermore, a state of emergency in the Day-Care Division of the Department of Welfare, based on the doubtful future existence of publicly supported centers, made it difficult to work closely with the Day-Care Division. Meagerness of research into day-care need, the dearth of information relating to efforts at coordination, and the inaccessibility of agency data seem to bear out the opinion that adequate day-care is still nascent.

Method of Procedure

An intensive study of population trends and figures of New York City preceded the actual gathering of pertinent day-care facts. Information concerning the day-care centers was obtained from earlier studies relating to day-care, and from community agency executives through interviews. Visits to
individual centers were made to observe unique features, and to discover community awareness and agency effectiveness.

Close association over a two month period with the Nursery School Committee of the Riverside Civic Council afforded something of first hand knowledge of how a community agency serves the day-care centers. This was supplemented by pertinent literature in the field of social work.
CHAPTER II

CHARACTERISTICS OF THE NEGRO POPULATION

During World War II and in the years that have followed, the steady increase in the Negro population of New York City, together with steadily deteriorating dwellings and lack of increased community resources has created serious problems for children, especially those in their pre-school and early school years. Between 1940 and 1947, the Negro population in the city as a whole increased 53 percent as compared with a 2 per cent increase of the total population.¹

This was in contrast to 1910 when Negroes numbered 91,709 or only 2 per cent of the population, and by 1947, the total number of Negroes was approximately 700,000 or 8.5 per cent of the total.² However, the Negro population has not enjoyed a proportionate increase in the provision of resources making for the enhancement of family or individual welfare.

For many years, Harlem was "home" to the Negro of New York. In 1930, more than three times as many Negroes lived in Manhattan, of which Harlem is a part, as in any other

¹Urban League of Greater New York, "Aspects of the Current Housing Crisis in New York City" (New York City, November, 1947), p. 3 (Mimeographed.)

²Ibid., p. 2.
Relatives and friends coming in from the south moved into the same neighborhoods and houses, more often than not sharing apartments with acquaintances who had migrated earlier.

Not until the last decade in Manhattan, when it became impossible for additional Negro families to move into Harlem, did they begin spilling over into other areas. By 1947 there were more Negroes than whites in some blocks of Lower Washington Heights.2

Here again, the lack of facilities in the community sharpened tension, leaving problems unsolved. Negro children in both communities bear the double burden of their own needs and of the conflicts of their parents in neighborhoods unaware of their own changing characteristics.

Characteristics of the Area Studied

In January, 1946, 215,000 Negroes living in Central Harlem formed 90% of the total population of this area.3

The per cent of children under the age of five years in


2Interview with Miss Sophie Williams (Riverside Health Center, New York City, October 27, 1947).

Central Harlem as of 1940 constituted 5.6% of the total as compared with 5.8% in the city as a whole for the same group. Children between the ages of five and fourteen formed 13.9% of the population of Central Harlem, approximately the same as held true for the city as a whole.¹

In the Riverside and Washington Heights areas, from 110th Street to the northernmost tip of Manhattan, west of Eighth Avenue, the Negro population has rapidly increased in large numbers since 1940, until in 1947 it approached 80,000, or 18% of the total population of 439,835 in this area.²

The Washington Heights health area alone experienced approximately a 50% increase in Negro population since 1930.³ The number of Negroes in the combined Washington Heights and Riverside Health Districts is the second largest in any health district of the five boroughs.⁴

As white families move out the middle area of this district is on its way to becoming an all-Negro neighborhood.

In two census tracts bordered by 142nd and 150th Streets,

²Ibid., p. 93.
³Based on population figures by Sophie Williams, "The Changing Community" (Report submitted to New York City Health Department Budget Committee, New York, November 30, 1945). Computed with 10 per cent increase.
⁴Ibid.
north and south and Amsterdam Avenue and Riverside Drive, east and west, a 50% shift in population from white to Negro has occurred in half of the blocks, and in the other half, the population is almost all Negro.¹

The actual number of children in the age groups between one and five years, and between five and fourteen years, is difficult to calculate due to the rapidly increasing population. In one public elementary school alone in Lower Washington Heights, the number of children enrolled at the end of September, 1947, was 1,537. Of the total number, 92% were non-white children.²

Based on United States Census population figures, approximately 5% of the Negro population is under five years of age and 12% between five and fourteen years. A similar situation held true for Harlem.³ It is with these two age groups of Negro children that this study is mainly concerned.

In New York City as a whole, 1,465,558 children, fourteen years old and under, constituted 19.6% of New York's total population of 7,454,995 in 1940.⁴ Of this number

¹From findings in a survey of New York City Census Tracts 233 and 229, made by the writer, October, 1947.

²Interview with Mr. E. B. Phillips, Principal (Public School #186, 521 West 145th Street, New York City, October 23, 1947).

³Based on figures of Neighborhood Health Development, Inc., op. cit., p. 70.

⁴Ibid., p. 6.
twenty thousand attended day nurseries or day care centers.¹

If we assume that the population of Negro children in Harlem and Washington Heights has increased correspondingly with the total Negro population, it seems safe to conclude that there are 40,850 Negro children fourteen years old and under, a large segment of whom were in need of day-care services.

Neighborhood Characteristics

A shortage of living space for Negroes of New York City existed long before the current housing crisis. It has been continuous for almost fifty years.

Since 1940, approximately 2,500 low-rental dwelling units have been made available to Negroes through public housing developments. In private development, 1,236 medium-rental dwelling units have been under construction. The total new supply being made available falls far short of the tremendous needs.

There are blocks in Central Harlem that contain from 2,500 to 4,000 persons.² This exceeds the population of some blocks in middle class neighborhoods by 1,000 to 2,000.

Race discrimination and restrictive covenants have been


²Urban League of Greater New York, op. cit., p. 3.
factors preventing the normal expansion of this group into new areas. Where expansion has taken place in new districts, it has usually meant moving from one ghetto into another.

In deteriorating houses common to most neighborhoods where Negroes live, injury to adults and children by falling plaster and rat bites is not a rare occurrence. The necessity for a rat control program in any community is ironical, but not unheard of in Harlem. Residents harassed by rats to the point of exasperation participate in such programs with energy and constructive thinking that might well be used in planning for the upbringing of their children.

Health hazards encountered by Negro families include the serious psychological effect of the physical environment, the sharing of sanitary facilities by many more persons than the number for whom they were intended, the lack of heat and hot water, the excessive accumulation of garbage and the lack of sunlight and air.

The following are by no means atypical cases:

Psychological Effects

Paul, seven, attended the day-care center in his block after school. He frequently caused fights among the children of his group. His mother worked. He was without the benefit of his father's presence in the home. When his mother came to the day-care center to discuss Paul's behavior, she invariably explained that her family was planning to move out of the neighborhood. She was tired of living in a "hole." She had been promoted on her job, her two sons did well in school, and she worried constantly about finding a better place for them to live. She showed neurotic symptoms of a depressive nature.
Lack of Sanitary Facilities

Houses in Harlem and in Washington Heights which have been converted from private homes into rooming houses have in many instances only two hallway toilets which are shared by as many as forty persons.

In one such house, a family of four, two of them pre-school children, shared with other families antiquated toilet facilities which were frequently out of use because of needed repair. The children always came to the day nursery in need of a bath, since there were no bathing facilities at home, and the only means by which they could heat water was on a two burner gas stove.

No Heat

Approximately once a week during the winter, Mrs. Brown came to ask the nursery school director to report to the Health Department that there was no heat in her apartment. Only one of the children could come to the nursery; the others and Mr. Brown were sick with colds. There were only two radiators in the five-room apartment, and one of them was out of order.

Children who lived in homes such as these soon decided that they liked the nursery better "because it is warm and has lots of light; and, beside, the bathroom is so clean."

The day-care center was not only an extension of the home for such children, but an absolute necessity for the safeguarding of mental and physical health. The day-care center could only serve its purpose when it could work with parents and children who came from homes where there was some daily schedule and routine made possible by necessary physical facilities.

The Working Mother

In New York City as a whole, in 1940, 33.7% of the women and girls were gainfully employed. Among Negro women and
In Central Harlem the per cent of gainfully employed Negro women and girls were 52.7%. In one health area, 61% of Negro women were at work.

In Washington Heights, in 1943, in health areas 7.10 and 7.20, almost solidly populated by Negroes, 50% of the women were gainfully employed.\(^2\)

In many Negro families of Harlem and Washington Heights, both husband and wife found it necessary to work. Many working Negro women were themselves heads of families. In the borough of Manhattan in 1940, the heads of 37.8% of all Negro families were women.\(^3\)

In the light of the foregoing, this study undertook to examine the effect of the mother's employment on the life of the family in general and on the development of the children in particular.

The fact that there were no fathers in many homes further complicated the picture. In 1940, in both areas studied, women and girls above the age of fourteen exceeded the number of Negro men.


\(^3\)United States Bureau of the Census, *op. cit.*
In Central Harlem, women between the ages of twenty and twenty-nine years exceeded the men of the same group by 8,132. Among this group alone, women who were simultaneously heads of families and gainfully employed accounted for an alarming total of children who needed community care while their mothers were at work.

Of all Negro women employed in Manhattan, 60% were domestic workers in private families. Thus, the Negro mothers involved had to adjust themselves to the customs and personalities of their employers, for whom they worked long hours. They then came home to manage their own households, doing for themselves the same tasks, without the same facilities. At home they found it necessary to adjust their own physical and social demands to those of the members of their families, and too frequently of their lodgers, to say nothing of other dwellers in the house with whom they shared the same facilities.

The role of motherhood under these conditions were seriously impaired more often than not. The mother who was head of her family, or shared the task of bread-winning with her husband, had no time to devote to education and fun with her younger children nor opportunity to supervise the

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1Based on Figures from Neighborhood Health Development, Inc., op. cit., p. 8.

out-of-school activities of her older children. She was more than likely too tired to even show interest when the children demanded her attention.

Mrs. Long worked from 8:00 to 5:00 and arranged for a neighbor's child to escort her four-year old son to the day-care center. Her husband was in Europe in the Army. When she came home at night, her son had been given his supper by his grandmother, so that all he ever saw of his mother was a weary expression as she kissed him and bundled him off to bed. She said that she was too tired even to read to him the letters that came from his father.

For the children who were fortunate enough to be enrolled in day-care centers:

One cannot deny the value for each child in having the security of belonging to a group, of having his own special leader day after day, of being with his friends and having something thrilling to do regularly.¹

The added security helped children to accept the fact of having to grow up in a home where mother was away all day, lessening their sense of loss by providing happy, shared childhood experiences. One day-care centered discovered that their children felt thus:

All the time there are grownups near you
Who seem to know what you are trying to do
And how you feel about it
And everything is all right.

The (toy) telephone comes in handy
For telling people what you think
Or calling up your own mother when
you miss her.²

²This Business of Growing up is Good, Church of All Nations Nursery School Brochure (New York, 1947), p. 5.
The case of the child whose mother must work, and for whom no day-care is dimly possible, even in the future, is one with which the community must come to grips in order to insure that mother and child may function as responsible individuals in the life of the community.
CHAPTER III

CHARACTERISTICS OF THE DAY CARE CENTERS

Since women were first employed in industry, mothers have worked and children have needed care during their absence from home. The socially responsible community today ... is aware that ... war pressures provide an opportunity for meeting a long felt need and for planning a long range program with standards of lasting value ..... if soundly planned such a program should become part of a more complete community service than existed before the war.1

Location of Centers

In Central Harlem, thirteen day care centers operated sixteen programs with facilities for 829 children between the ages of seven months and fifteen years. Two centers accepted children under the age of two years. Two centers set the lowest age of enrollment at two years. Six centers limited the age of their youngest children to three years. Three centers operated double programs, serving children under six years and between the ages of six and fifteen years of age. Two centers cared for children above six years only.

One day care center was located across the street from a reputed house of prostitution and between Fifth and Lenox Avenues, where taverns were as numerous as small shops and restaurants. Six centers, located within an area of six blocks, were

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on or near 135th Street an extremely busy crosstown thoroughfare. Crowded together on this street and adjoining ones, where the children lived and where the centers operated, were apartment houses, police and fire departments, commercial establishments, a public library, a YMCA and a YWCA. The Harlem River Houses nursery was located in a desirable spot, being a unit of a public housing development.

The most unified and standardized day-care program throughout the City of New York was that of supervised and subsidized centers operating under the Division of Day Care of the Department of Welfare. There were six such centers in Central Harlem, operating eight programs. Of the remaining five centers, three are privately operated by individuals and two by churches or community organizations.

### TABLE 1

CHARACTERISTICS OF FOURTEEN DIVISION-OF-DAY-CARE CENTERS IN CENTRAL HARLEM, UPPER RIVERSIDE, AND LOWER WASHINGTON HEIGHTS

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<th>Central Harlem</th>
<th>Riverside-Washington Heights</th>
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<tbody>
<tr>
<td></td>
<td>Number of Centers</td>
<td>Capacity</td>
</tr>
<tr>
<td>Lowest entrance age</td>
<td>Under six only</td>
<td>Over six included</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3 years</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>6 years</td>
<td>3</td>
<td>1</td>
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Serving the Riverside and Washington Heights Districts, between 110th Street and 175th Street (the areas where there was a concentration of Negro dwellings) there were fourteen day-care centers operating seventeen programs, caring for 773 children under two. Two centers accept children between the ages of two and six years. Ten centers accept children over three and under six. Four centers had a double program, serving children between three and fifteen years. One center enrolled only children above the age of six years.

Of the fourteen centers, eight were under the Division of Day Care, operating eleven programs. Four of the remaining six centers were privately operated by individuals and two by community organizations.

**TABLE 2**

**CHARACTERISTICS OF SIX VOLUNTARY DAY CARE CENTERS IN CENTRAL HARLEM, UPPER RIVERSIDE AND LOWER WASHINGTON HEIGHTS**

<table>
<thead>
<tr>
<th>Lowest entrance age</th>
<th>Central Harlem</th>
<th>Riverside-Washington Heights</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number of Centers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Under six only</td>
<td>Over six included</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Under 2 years</td>
<td>2</td>
<td>129</td>
</tr>
<tr>
<td>3 years</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>6 years</td>
<td>1</td>
<td>30</td>
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TABLE 3
CHARACTERISTICS OF SEVEN PRIVATE DAY-CARE CENTERS
IN CENTRAL HARLEM, UPPER RIVERSIDE
AND LOWER WASHINGTON HEIGHTS

<table>
<thead>
<tr>
<th>Lowest entrance age</th>
<th>Central Harlem</th>
<th>Riverside-Washington Heights</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Centers</td>
<td>Number of Centers</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Under six years</td>
<td>1</td>
<td>235</td>
</tr>
<tr>
<td>Two years</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Three years</td>
<td>2</td>
<td>1</td>
</tr>
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</table>

The locations of the centers in these two districts were somewhat more favorable for the development of young children. One center in Upper Riverside was one block west of the Central Harlem Health District and slightly north of an express traffic junction. However, it was across the street from a public school, with which it cooperated, and was on block from a children's playground and city park. Two centers near Broadway in Manhattanville, the Riverside District, were also near heavy traffic streets. Their neighborhood was one of the worst slums in uptown Manhattan. Here again, the public school was near to both. Police protection was helpful during rush hours. A newly constructed playground and park was "in the backyard" of one of the centers, and was two blocks from the other center. The centers in Washington Heights were in less
congested streets, although accessible to children from the more crowded streets. Some had fairly good buildings and were near to parks. Traffic was a general hazard for all children attending centers except those on Riverside Drive, where buildings were erected only on one side of the street.

Meeting the Need for Day-Care

During varying economic periods -- depression, war with its accompanying need to use the productive capacity of women, readjustment periods with inevitable dislocations -- there is an irreducible minimum of families -- especially those where the economic burden falls on the mothers -- that find themselves unable to care for children properly in the home during all the day-time hours. The child Day Care Center Program has been developed to meet these social and human needs, using all possible community resources, and frequently has proved the sole means of keeping families united.¹

The need for day-care of young children in Negro families in Harlem, Riverside and Washington Heights is real and desperate.

If the mother works or is sick (or the family has other needs)² her children may have to be sent to a day nursery.³ We know what preventive services for young children could do to save us from having to spend millions of dollars of public funds for the treatment of mentally disturbed adolescents and adults.⁴

To estimate the potential need in a small area, Health

¹"Facts About New York City's Child Day-Care Center Program as of November, 1947" (New York City, Division of Day Care, Department of Welfare, 1947), p. 2 (Mimeographed).

²Information in parentheses the writer's.


⁴Ibid., p. 6.
areas 7.10 and 7.20 in the Washington Heights Health Center District were studied. As noted earlier, these two health areas were almost solidly populated by Negroes. It will be recalled that 50% of the women were at work.

Children under the age of fifteen constituted 18% of the population of these two health areas, numbering 6,052 in 1940.\(^1\)

If only one-fourth of the children in this group were children of working mothers, 1,513 could be expected to require community care. If all of them received care provided by the community, the 1,513 Negro children in these two health areas alone would fill 26 of the 27 centers in both Harlem and Riverside-Washington Heights described above as being accessible from a geographical and transportation viewpoint.

### TABLE 4

**DAY-CARE CENTERS BY SELECTED HEALTH AREAS**

<table>
<thead>
<tr>
<th>Type of day care center</th>
<th>Central Harlem</th>
<th>Lower Washington Heights</th>
<th>Upper Riverside</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8 12 13 15 19 24</td>
<td>2 3 4 5 7 9</td>
<td>11 18</td>
</tr>
<tr>
<td>Total</td>
<td>27 1 3 6 1 1 2</td>
<td>1 1 1 2 5 1</td>
<td>2 1</td>
</tr>
<tr>
<td>Division of Day-Care Centers</td>
<td>14 1 2 2 1 1</td>
<td>1 1 1 1 1</td>
<td>2 1</td>
</tr>
<tr>
<td>Voluntary Centers</td>
<td>6 1 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Centers</td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^1\)Neighborhood Health Development, Inc., *op. cit.* , p. 94 and p. 98.
In these two health areas, five day-care and educational centers were located. As had most of the day-care centers in all of New York, they had long waiting lists.

At first glance, it might seem that five centers within two health areas should be fairly adequate. It is indeed, a larger number of centers than is found in many health areas, but if the six centers were parceled out to sections of the area, each one would then serve approximately sixteen blocks.

The need for day-care facilities in the two adjoining areas of Harlem and Upper-Riverside, Lower Washington Heights was borne out by the use that was made of them, the type of care provided, the policies and programs of the individual centers, fees charged, the working conditions of the mother, and the tastes of day-care shoppers.

Although most of these centers drew from their immediate neighborhood, none of them drew rigid geographical lines. One at least, furnished transportation and operated an elementary educational program. Another was the only day-care center in Upper Manhattan providing care for infants under the age of seven months. Three were borderline in location, relative to Harlem and Washington Heights. One cared for children two years old.

These factors affected the day-care picture in several ways. First, the mother who felt that her need was great, searched farther away from home when she found that the center nearest her had a waiting list, so that the mother who lived
nearer the distant center has that much less opportunity of using her nearby facility when she needed it. Secondly, the private commercial centers usually accepted the child from the family which seemed the best financial risk and was easiest to guide. Third, the mother of the six month old infant had no choice but to leave her neighborhood if she wanted to have day-care for him. It was the same with the mother of the two year old. In some instances, the center clearly did not and could not serve its own neighborhood exclusively because of the factors back of the need. Day-care centers had sprung up without regard to localization of need and type of care indicated. This has led to a spotty and uneven servicing of neighborhoods.

The absence of a mother from home during working hours is only one fact indicating the need for day-care centers. Social workers have found many others. Chief among these perhaps, in Harlem and in Washington Heights, were the personality needs of the working mother herself. In broken homes, as the sole wage earner, she often regards herself as mother and father of the child. Her need to be independent is shown in her refusal to accept relief funds and to remain at home with the child. In many instances the cause of this need to be independent was deprivation in early childhood and adolescence.¹ The working mother whose husband lives at home and

is employed, also wishes to use day-care in some instances to meet her own needs. Involved in this may be rejection of the child, rejection of her role as wife and mother. Community planning agencies should be aware of these deeper implications for day-care. Social case work is the method by which these needs of working mothers may be discovered. Case workers may redirect mothers for whom day-care is not the answer, and enable others to use day-care with constructive purposes.

Day foster home care is often used in Harlem where day nursery facilities are ... limited and ... not flexible enough for women in domestic employment. Because this is not an organized resource and ... the home is not even licensed by the Department of Health as required by law, the worker has no way of evaluating the care available in a given home. Community demands and lack of community organization for this type of day-care are so great that foster mothers can, and usually do, refuse any imposition of standards by client or agency.¹

Program of the Day-Care Centers

From the beginning, day-care in New York has evolved along educational lines. The New York Kindergarten Association relinquished much of its work to the Board of Education of the City of New York. The Play Schools Association has always worked with the public schools. The Department of Welfare has a strong educational program in its day-care centers. The personnel and parent groups of day-care centers in New York are still striving to have the day-care programs

¹Amelia Baer and Jane East, op. cit., p. 8.
permanently established in the State Department of Education.

Social work is helpful, but its methods are as yet minor components of day-care programs. The New York Association of Day Nurseries has not been consistently effective because of changes, suspension of program, and reorganization from a national to a local level. Social work is, however, included in its program. The Child Welfare League of America has been more helpful in Philadelphia than in New York in day-care. In Philadelphia, education and social work maintain a more even balance. The Pennsylvania School of Social Work trains students for work in day care. In New York, Columbia University and New York University greatly influence day-care so that the approach is from the point of view of education.

In 1943, Section 198 of the Sanitary Code of the Department of Health of New York City, governing day-care centers, was reenacted.¹ Amendments were made as recently as April 1947.

The new minimum standards thus set for all day-care centers showed a city's new awareness of the needs of its little children and provided for action which would bring about some of the conditions which were conceived to be inherent in the new type of program. Up to this time, many agencies had been operating without licenses. During the

war, increased need for care of children outside their homes brought about the stimulus for new standards of day-care. The new standards were set as a first step toward better care of children, with higher standards expected as the centers achieved the basic requirements.

In the same year, the Day-Care Unit of the Bureau of Child Hygiene, the Department of Health, was formed, to advise and assist the existing day-care centers in planning their programs and becoming eligible for licensing.

From the time it began its work in 1943, the Day Care Unit had worked with over 500 agencies, with a total of 352 having been licensed by October 1947.

The function of the Day Care Unit is to require that children in day-care centers shall have:
1. A clean, safe place to run, sleep and sit comfortably.
2. Food in accordance with their needs.
3. Equipment that permits the play that is right for children's growth.
4. A program that allows for fun and exercise and rest.
5. Care for their health and well-being.
6. Trained teachers who have insight and warmth.

These objectives of the New York Department of Health's Day Care Unit are without regard to a child's color or creed, or to the economic status of his parents.¹

From this summary of the minimum standards required of day-care centers, it was seen that parents were assured that their children received care under conditions basic to proper

Programs varied from center to center, sometimes just reaching the standard, more often operating easily above it, and in some instances offering enriched programs which draw from and contribute to the resources of the larger community.

The following is illustrative: besides observing the requirements set forth by the Day Care Unit, a given Central Harlem center -

1. Was supervised by the Division of Day Care.
2. Offered practice opportunities in child care to teachers, nurses, sociologists, and high school students.
3. Was incorporated.
5. Participated in community organizations and activities.
6. Had a staff planning committee.
7. Sponsored exchange visits of staff and children's groups to other day-care centers.
8. Currently utilized the services of casework and mental hygiene agencies.
9. Arranged and partly subsidized vacation services for some of its older children.
10. Conducted parent education programs.
11. Intermittently operated a swap counter (e.g., for rubbers and galoshes in winter).

Other centers may have had a variation of these services or activities that differed entirely. Some needed help in discovering ways of enriching their programs.

One finding of the study was that most of the centers in
the communities considered were not continuously aware of or active in community affairs.

Perhaps one criterion for judging the community effectiveness of the centers was to note how they work through civic and welfare groups or movements.

The following table shows the affiliation of the centers with community organizations.¹

**TABLE 5**

**AFFILIATION OF THE DAY-CARE CENTERS WITH SIX COMMUNITY ORGANIZATIONS**

<table>
<thead>
<tr>
<th>Type of Center</th>
<th>Central Harlem</th>
<th>Riverside-Washington Heights</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Centers</td>
<td>Number of affiliations per Center</td>
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<tr>
<td>Total</td>
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<td>13</td>
</tr>
<tr>
<td>Day-Care Division</td>
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<tr>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
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<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Voluntary</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Private</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>


¹Membership in some community organizations was not available to all centers. The purpose of the table is to show the general community participation engaged in by the centers.
Day-Care Centers Not Operating

Six day-center centers, five in Central Harlem and one in the Riverside District, either had not been licensed for the day-care of children or had discontinued their programs in recent weeks or months.

Three centers in Harlem had not received permits on the basis of their lack of qualified personnel or because of the physical conditions of their buildings, or both.

Two day-care centers in Harlem and one in Riverside closed in 1947 because of lack of finance or their inability to continue to meet the standards for licensing. Visits to two of the three centers in Harlem which have never received a license revealed some of the reasons why they were unable to operate:

1. The day-care program was initiated by the sponsors without previous knowledge of requirements for its operation.

2. Lack of funds to pay qualified personnel and to provide meals.

3. No organized group or committee was at work to enlist community aid, either financial or consultative.

The three unlicensed centers had facilities for the care of a total of 98 children. The three centers which were closed in 1947 had been able to care for approximately 83 children.

In Harlem and in Riverside, the six day-care centers, either closed or unlicensed, had facilities for a potential
of 181 children. The facilities have been administered by non-qualified individuals.

With parents and community leaders emphasizing again and again the need for additional day-care programs, it seemed essential to examine the possibility of activating the non-operating centers.

To begin with, the problems of the non-operating centers were also those of the centers operating full time. The problems of both were the concern of the district in which they were located and of all organizations in New York which were interested in day-care.

Problems of the Day-Care Centers

1. Primary Requirements.—Although fourteen of the twenty-seven centers studied were financed to the extent of two-thirds of their budget by city and state funds, through the Division of Day Care, the centers themselves originated under the auspices of community groups or private agencies.

The time, effort and money involved in reaching and maintaining standards required by the Day Care Division, required intensive study and planning by the governing boards of these centers. There was a continuing need for change of program and for measurement of the need for day-care. Securing their share of the operating expenses was a real problem for most boards of the centers.

Day-care Centers not under the Division of Day Care but
operated by community groups, had the problem of providing their entire budget needs, occasionally implemented by the Greater New York Fund. In addition, they had to meet the standards of the Day Care Unit of the Department of Health.

A third problem of these centers was that of securing teachers, since in many instances the salaries were likely to be lower than those paid in publicly subsidized establishments. Some of these centers, desirous of working with the Division of Day-Care, were not eligible to receive funds if they were unable to expand their programs. Location near other expanded operating centers of the Day Care Division also lessened their eligibility.

The private day-care centers operated by individuals found it difficult to meet requirements of the State Department of Education, which stated that they must employ personnel with educational qualifications essentially the same as those of public school teachers.

2. Personnel.—There was a marked shortage of qualified personnel available to day-care centers, a problem common to all the centers in the three categories.

Civic and educational groups interested in determining the cause for this shortage realized that, since the raising of standards for qualifications of teachers in 1943, one factor has been that of in-service training for day-care personnel already at work in the centers. Some of the teachers above 45 years of age and been unwilling to go back to school,
since they doubted that further training would be of personal benefit, because of their age. Qualified persons have not been attracted to day-care centers in large numbers because of inadequate salaries.

As regards social workers in day-care, there is no uniform pattern. In the centers subsidized by the Division of Day Care, public welfare workers are employed. Many of these have not had social work training in a school setting. There is no full time social worker in any of the voluntary or private centers. One day-care center in the Riverside District has found case work so valuable that it has retained a case worker although the Department of Welfare worker is available to them.

3. Community Education.—Under the sponsorship of the Play Schools Association, parents of low economic status in one neighborhood raised $2,500 for the play school program. Others helped serve afternoon snacks. Some rang doorbells to interpret the program and invited their neighbors to parent education meetings.\(^1\)

Every community must have knowledge about conditions which affect families and children if they are to become interested in helping to create additional resources for the development of children and the strengthening of family life.

\(^1\)Interview with Mrs. Adele Mossler, Director of Play Schools Association (New York City, December 12, 1947).
4. **Finance.**—The day-care program is expensive. This fact must be faced by any individual or group hoping to operate a day-care center. However, the problem of finance becomes less acute where a community is well educated and willing to give of their substance for children who must otherwise go without.

5. **Individual Problems.**—Individual centers have individual problems, best known to their administrators and parent groups. If, in solving them, community resources are tapped and exploited, the creation of new resources will be possible.
CHAPTER IV

THE COMMUNITY AND DAY CARE

How a community deals with its children indicates its concept of them.

Needs of children and young people cannot be met haphazardly. First, they must be measured. Second, they must be balanced against existing services. Third, deficiencies and inefficiencies in existing services must be remedied.

Because no community lives to itself alone, community planning should go hand in hand with planning done by neighboring communities and by the state. Statewide plans for children and youth have an intimate relation to community plans, and should be considered in all local planning.

In New York City, in 1947, public state and city agencies plus voluntary coordinating and operating day-care agencies added up to a total of more than thirty organizations, with varied approaches to day-care services and purposes. Since the interest of many of these agencies was not confined to day-care alone, it was very important that the needs of the child be considered first, no matter from what perspective an agency entered a child care situation, or continued to view it.

The child receives services or should receive services from many agencies in addition to his own family ... However, the best intentions of one group have often been nullified by ignorance of the work of another, or by the interference or inefficiency of others. To often people have failed to recognize the simple truth that the child

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cannot be broken up into parts. The child is an indivisible whole as he grows from infancy to manhood and must be planned for and served as such.

Besides the operating agencies dealing only with day-care, an impressive list of organizations whose major foci were in other fields, also offered consultation to day-care centers, or found reciprocal advantages in dealing with these establishments. Some of the services included in programs of these agencies are information, family service, child guidance, teacher training, nursing education, and education for social work and in sociology.

Principles basic to community planning show that:

Public and private agencies should develop effective means by which day by day cooperation and coordination of their operating programs can be accomplished. From this experience such agencies can bring to the attention of planning bodies many evidences of need for long term planning that should be undertaken.

Within this framework of action groups, most of them working hard and earnestly, day-care centers and their well-wishers were frequently unaware of the total picture of day-care in their neighborhood and in adjoining communities.

The director of one day-care center where 100 children are enrolled said, "Sometimes I don't know what I'm doing." She had never been to a meeting of the Regional Welfare

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2 Children's Bureau Publication #312, p. 14.
Council Nursery School Committee in her district. The executive secretary of the Council stated that she had tried to interest this director along with several others, but they did not come out to meetings. The Nursery School Committee in question planned one of its meetings to decide whether there was still a need for its existence.

The pressing need of this director on one hand and the wish of the nursery committee to serve on the other hand, serve to introduce problems faced by both day-care centers and the coordinating agencies.

Research

The Welfare Council of New York City,¹ some of the regional councils,² the College of the City of New York,³ Columbia University,⁴ as well as other groups in communities, have made studies or research plans concerning the care and training of pre-school and early school age children.

Public health nurses discover and report instances of

¹Welfare Council of New York City, the Research Bureau, Memoranda of Child Care Needs (New York, 1943-45).


³College of the City of New York, Department of Sociology, Gerhart Saenger and Harry M. Shulman, A Study of Intercultural Behavior and Attitudes Among Residents of the Upper West Side (New York, 1946).

⁴Columbia University, Teacher's College, Division of Psychology, Institute of Educational Research, Harlem Project (New York, 1948).
day-care and foster home care by unlicensed individuals. Records are made of such cases and filed at the Department of Health offices. The problem faced by the Bureau of Nursing and by parents is the lack of proper facilities for child care. This pseudo-foster care is closely related to the need for day-care, since it is the working mother's only solution. Ample facts for describing the situations found by the nurses are available at the offices of the Foster Home Unit of the Bureau of Nursing, and constitute an important research source.

Such studies may be invaluable to congested districts such as those considered in this study; to New York City as a whole; to the State and to the United States' Children's Bureau. A consummation most devoutly to be wished would be the integration of centers of higher learning with their immediate environment through the continuous implementation of their studies. The melioristic attitude among social workers dealing with families and children might be strengthened, especially with regard to problems arising out of cultural differences.

Interpretation for State Legislation

The period during which this study took place was one when many organizations and community groups were concerned about state legislation for day-care.

This was a problem common to all individuals and groups working with young children, but one on which they worked
separately in many instances. The work of some groups was highly interpretive and has been effective as a basis on which city authorities will press for permanent legislation regarding the continuance of day-care supported by public funds.

One example of this type of interpretation was that of a day-care center tour conducted by United Neighborhood Houses\(^1\) when City and State officials saw first hand the important contribution made by the centers to childhood development. The needs for additional centers in congested areas was seen; the fact that child care programs were no longer war emergency measures was emphasized. It was demonstrated that public welfare can become a highly adequate social medium, a model in this instance for voluntary and private centers.

While successful efforts such as this have been carried out by single agencies, it is possible that a total community effort would bring proportionately more certain and satisfactory legislative results.

Family Service

It is significant that among the resources for assistance to child care programs, help has been available from family agencies such as the Community Service Society of New York.

As community needs fluctuate, the degree of service rendered by Family Service branches of this organization also

\(^1\)The tour was conducted December 1, 2, and 3, 1947.
varies. However, there has been consistent close association with day-care centers in each district of service through a Child Care Consultant, through case work personnel loaned to nurseries,¹ and through referrals to and from the day-care centers.

Public Housing Developments

The public housing developments planned by the New York City Housing Authority all have space for day-care units.

In Central Harlem, the one unit in operation in a public housing development was the Harlem River Houses Day-Care Center, sponsored by the New York Kindergarten Association, and supported by public funds through the Division of Day Care of the Department of Welfare. In the Abraham Lincoln Houses, the only other public housing development under construction in Central Harlem, the sponsorship of the day-care unit had not been determined early in January 1948.²

In Upper Riverside and Washington Heights, there was no public housing development.

There is need for more adequate planning of day-care unit space within housing developments, in terms of numbers of children to be accommodated.³ Also needed are community groups

¹Letter from Mrs. Jane G. Judge (Community Service Society, Child Care Consultant, New York City, November 3, 1947).

²Letter received from the New York City Housing Authority, January 15, 1948.

³Interview with Miss Helen Harris (Citizen's Committee on Children of New York, December 16, 1947).
to sponsor programs in the available space in the housing developments.

Voluntary Day-Care Service Groups

There is probably no one category which might be said to include the several local agencies which offer services to day-care centers, nursery schools, day nurseries, and private elementary schools. Without the experimentation, the growing body of worthwhile knowledge, and the increasing degree of sound standard making practices provided by these groups, the care of young children would progress all too slowly.

It is outside the purview of this study to consider the programs of all the agencies of this type. Generally, each group tries to avoid duplicating the services of the other. Their interests vary as to which child care centers they serve and whether there shall be a membership requirement.

Information, consultation, seminars, workshops, institutes, cooperative education and direct program services are offered. Provision of funds and central buying services are included in the resources of these agencies.

Community Point of View

Whatever the approach of the community group may be, there is a developing philosophy among all of them concerning the needs of children, and the intrinsic purposes of any day-care program.

This perspective includes prognostic and practical
views:¹

1. State aid is essential to adequate day-care facilities.

2. Day-care services should be geared to the needs of the individual child.

3. The private or voluntary agency helps to answer the need for creative stimulation and advancement in the field of childhood development.

4. Child care must be in the hands of trained personnel.

5. Day-care, in its function as an extension of the home, should strengthen family life.

6. For growth and development, children need the wholesome experience of group participation.

7. The integration of education, health and social services in the community is necessary to all types of child care.

In Central Harlem and Lower Washington Heights, many of the day-care centers have yet to discover and use existing resources. In the City of New York, there is the necessity for greater integration of resources, as well as the need for additional programs.

¹ Compiled from Social Work Year Book, 1947, and from Annual Reports of agencies in New York interested in day-care of children.
Population.--The increase of 53% in the Negro population in New York City between 1940 and 1947 indicated urgent need for discovering what social changes had also taken place.

Harlem has long been predominantly populated by Negroes. Upper Riverside and Lower Washington Heights have witnessed an increase of approximately 50% in the growth of the Negro population since 1930, making the combined neighborhoods into a district with the second largest concentration of Negroes in New York City.

There were approximately 54,450 Negro children, fourteen years and under in Harlem, Upper Riverside and Lower Washington Heights, many of whom were potentially in need of day-care.

While community workers were aware of population trends and the extent of change, residents generally did not know what the situation was. It seemed pertinent to community life what planning of any type should take into consideration the extent of population shift and its meaning.

Housing.--Decent dwellings and adequate space for Negro families have been lacking in New York for almost fifty years. In segregated, high rent, rat infested ghettos characterized by deterioration, physical and mental health hazards were experienced by Negro children and their families.
The purpose of the day care center as an extension of the home could not be fulfilled while Negro families continued to live in homes physically far below the average day-care center.

Extended and intensified dwelling improvements in sub-standard neighborhoods were imperative, most especially until such time as the construction of new dwelling units begins to relieve the problem.

Employment of women. -- In Central Harlem, Upper Riverside and Lower Washington Heights in 1940, more than 50% of the Negro women were at work. In Manhattan during that year, 37.8% of the heads of Negro families were women. Negro females above the age of fourteen exceeded the number of males. Fifty per cent of employed Negro women in Manhattan were employed as domestic workers in private families.

The adequacy of employed mothers as mothers can be sustained by the provision of day-care for their children. It is recommended that children of the working mother still be considered first among those who need day-care.

Day-Care Centers. -- In the two adjoining neighborhoods studied, twenty-seven day-care centers provided facilities for the care of 1,602 children from infancy to fifteen years. Fourteen centers were operated by the Division of Day Care of the Department of Welfare, six by community organizations, and seven by individuals.

Day-Care Need. -- The number of Negro children potentially
in need of day-care in one health area would fill 26 of the 27 centers. Neighborhoods were unevenly serviced. The needs of working mothers remained largely unmet.

The recommendation is made that in addition to the few groups beginning to study the need for day-care, other committees should be formed to make further studies. It is important that the work of the various groups be coordinated.

**Day-Care Program.**--The creation of the Day-Care Unit of the Bureau of Child Hygiene, the Department of Health, in 1943, was an important and extremely helpful step in raising the standards of day-care and setting new requirements for licensing ...It worked in cooperation with groups and individuals experienced in caring for and training young children.

The centers themselves may become active in further raising the standards of day-care. Programs in the centers varied and could be enriched by affiliation with service organizations in the community. The adequacy of a center's program was an index to its effectiveness as a community agency.

It is recommended that day-care centers in the districts studied seek to discover ways of enriching their programs. These efforts should be shared with other centers for the purpose of having every center become aware of its larger community responsibility. Additional social workers might well be utilized by the centers.
Day-Care Centers Not Operating.—Six day-care centers in Central Harlem, Upper Riverside and Lower Washington Heights were not available for operation because they had not met requirements for licensing or were closed for other reasons in 1947. The potential capacity of these six centers was 181 children.

The recommendation is made that a group such as the Child Care Committee of the proper regional Welfare Council investigate ways and means of making these centers available for use.

Problems.—Problems of the centers in operation and those not operating were alike a shortage of funds, of qualified personnel, and of reciprocal recognizance.

Community education largely participated in and partly planned by potential day-care users would seem to be a method of mitigating some of the problems of the centers.

Community Concept and Responsibility.—How a community deals with its children indicates its concept of them. In New York City more than 30 organizations either operated programs or offered services to day-care groups.

The child should be considered as an indivisible whole, and day-care programs geared to his needs.

Public and private agencies should develop means of day by day coordination and cooperation.

Community Resources.—Community agencies interested in day-care separately initiated worthwhile efforts to improve
conditions of day care. Some of these activities were:

1. Planning Research Projects.
2. Campaigning for State Legislation.
4. Provision of Consultation.
5. Giving direct service.
6. Provision of Day-Care Unit Space.
7. Granting of funds.
8. Developing a philosophy of day-care.

In regard to the community, the framework in which day-care must develop, the following recommendations have been made:

1. Greater coordination of services.
2. Assistance to personnel who wish to study.
3. A central library of the day-care studies and other closely allied works that concern the city and smaller communities.
4. A compilation of facts by the Foster Unit of the Bureau of Nursing, concerning unlicensed individuals providing Foster Home care which borders on day-care.
5. Greater integration of educational centers of higher learning into the community.
APPENDIX
### A. List of the Day-Care Centers

#### Operating Centers

<table>
<thead>
<tr>
<th>Central Harlem</th>
<th>Riverside-Washington Heights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Division of Day-Care Centers</strong></td>
<td><strong>Division of Day-Care Centers</strong></td>
</tr>
<tr>
<td><strong>1. East Calvary Nursery</strong> 2085 Fifth Avenue</td>
<td><strong>1. Harlem Riverside Child Care Center</strong> 715 Riverside Drive</td>
</tr>
<tr>
<td><strong>2. Harlem Boys' Club Nursery</strong> 28-60 West 134th Street</td>
<td><strong>2. Inwood Nursery School</strong> 217 Sherman Avenue</td>
</tr>
<tr>
<td><strong>3. Harlem River Houses Nursery</strong> 211 West 151st Street</td>
<td><strong>3. Manhattanville Day Nursery</strong> 71 Old Broadway</td>
</tr>
<tr>
<td><strong>4. Mount Morris Children's Center</strong> 2 West 122nd Street</td>
<td><strong>4. Manhattanville Neighborhood Center, Inc.</strong> 525 West 126th Street</td>
</tr>
<tr>
<td><strong>5. Neighborhood Day Nursery of Harlem, Inc.</strong> 51-53 West 113th Street</td>
<td><strong>5. Morningside Community Center</strong> 86 Morningside Avenue</td>
</tr>
<tr>
<td><strong>6. Utopia Children's Center, Inc.</strong> 170 West 130th Street</td>
<td><strong>6. Mount Calvary Child Care Center</strong> 116 Edgecombe Avenue</td>
</tr>
<tr>
<td><strong>7. St. Nicholas Avenue Children's Center</strong> 917 St. Nicholas Avenue, PS 46</td>
<td><strong>7. Mayfield Day Nursery</strong> 321 Convent Avenue</td>
</tr>
<tr>
<td><strong>8. Washington Heights Nursery, Inc.</strong> 620 West 179th Street</td>
<td><strong>8. Hope Day Nursery, Inc.</strong> 33 West 133rd Street</td>
</tr>
</tbody>
</table>

#### Voluntary Centers

| **7. First Mother Goose Day Nursery** 105 West 130th Street | **9. We For You Day Nursery** 870 Riverside Drive |
| **8. Hope Day Nursery, Inc.** 33 West 133rd Street | **9. Mayfield Day Nursery** 321 Convent Avenue |

\(^1\text{Closed December 31, 1947.}\)
Voluntary Centers (continued)

Central Harlem

   8 West 131st Street

10. St. Benedict’s Day
    Nursery, Inc.
    27 West 132nd Street

Riverside-Washington Heights

Private Centers

11. Little Brown School
    15 East 111th Street

12. Memorial Day Nursery
    141 West 115th Street

13. Town and Country Day
    Nursery
    36 West 135th Street

14. Modern School
    411 West 154th Street

Centers Not Operating

Unlicensed

1. Cotton Children’s Center
   62 West 132nd Street

2. Fourth Moravian Center
   126 West 136th Street

3. Salem Church Nursery School
   209 West 129th Street

Closed in 1947

4. Little Brick School
   132 West 138th Street

5. Samaritan Nursery School
   344 West 123rd Street

6. Working Mother’s Helper
   220 West 135th Street
RIVERSIDE HEALTH CENTER DISTRICT
Borough of Manhattan, City of New York
APPENDIX B

Area: 1,619 acres
Exclusive of 840 acres in Central Park
WASHINGTON HEIGHTS HEALTH CENTER DISTRICT
Borough of Manhattan, City of New York

APPENDIX B

Prepared by
Neighborhood Health Development, Inc.

HA : HEALTH AREA
1940 Revision

AREA: 2,362 ACRES
C. List of Organizations Operating Programs or Offering Services.

**Public Authoritative Agencies**

**City of New York**

Day-Care Unit, Bureau of Child Hygiene, Department of Health.

Department of Buildings and Occupancy.

Fire Department.

Bureau of Preventable Diseases.

**State of New York**

New York State Department of Education.

State Department of Social Welfare.

**Public Service Agencies**

Information and Counseling, Division of Day-Care, New York City, City Department of Welfare.

New York City Youth Board.

**Voluntary Service Agencies**

Carolyn Zachry Institute of Human Development.

Child Welfare League of America.

Childhood Education Association.

Children's Welfare Federation.

Citizens' Committee on Children of New York City, Inc.

Community Service Society - Family Service Division.

New York Association of Day Nurseries.

New York State Association for Nursery Education.

Play Schools Association.
Protestant Welfare Federation.
Regional Welfare Councils.
Teacher's Union.
Welfare Council of New York City.

Operating Agencies
All Day Neighborhood Schools.
Catholic Charities.
Children's Aid Society.
Community Service Society (Queens).
Harlem-Riverside Child Care Committee.
Jewish Association for Neighborhood Centers.
New York City Society of the Methodist Church.
New York City Board of Education (in cooperation with voluntary groups).
Play Schools Association.
United Neighborhood Houses (some member agencies).
Washington Heights and Inwood Citizens' Committee for Youth.
Welfare Department of New York City, Division of Day-Care,
(in cooperation with voluntary groups).

Financing Agencies
Greater New York Fund.
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