A CHILD GUIDANCE CLINIC FOR PRESCHOOL CHILDREN

Submitted in partial fulfillment of the requirements for the degree of Master of Architecture

Lee F. Hodgden

September 2, 1949

William W. Wurster, Dean
School of Architecture and City Planning

Lee F. Hodgden
246 Westgate West
Cambridge 39, Mass.
September 2, 1949

Dean William W. Wurster
School of Architecture and City Planning
Massachusetts Institute of Technology
Cambridge 39, Massachusetts

Dear Sir:


Sincerely

Lee F. Hodgden
ACKNOWLEDGMENTS

I SHOULD LIKE TO THANK THE STAFF OF THE CHILDREN'S CENTER, PARTICULARLY DR. MARIAN PUTNAM AND DR. GREGORY ROCHLIN, AND THE STAFF OF THE JUDGE BAKER CLINIC FOR THE INFORMATION AND GUIDANCE WHICH THEY GAVE ME IN STUDYING THE PROBLEM. I SHOULD ALSO LIKE TO EXPRESS MY APPRECIATION TO THE M.I.T. TEACHING STAFF FOR THEIR HELP.
# TABLE OF CONTENTS

I. **AIMS AND PURPOSE OF THE JAMES JACKSON PUTNAM CHILDREN'S CENTER**  
   1

II. **SITE SELECTION**  
    7

III. **ARCHITECTURAL IMPLICATIONS OF THERAPEUTIC POLICY**  
     11

IV. **DESCRIPTION OF STAFF AND ORGANIZATION**  
    13

   The Duties of Staff Members  
   13

   List and Description of Rooms Required  
   16

   Typical Routine Day of Mother and Child  
   25

   Separation and Grouping of Elements  
   26

V. **DESIGN OF TYPICAL ROOMS**  
   28

VI. **THE IN-PATIENT RESIDENCE**  
    43

**BIBLIOGRAPHIES**  
47

   About Child Guidance Clinics  
   47

   About Disturbed Children  
   48

   About Nursery School Design  
   49
1. AIMS AND PURPOSE OF THE JAMES JACKSON PUTNAM CHILDREN'S CENTER

The James Jackson Putnam Children's Center is a child guidance clinic which serves primarily preschool children. It was founded in January, 1943 under the auspices of the Judge Baker Clinic. The following statement of its purpose was made at that time: "The Center is established in Roxbury, Massachusetts, near a low-income community, with the purpose of offering day nursery care and psychiatric consultation and treatment service for infants and preschool children. The need for such a service has long been recognized by medical and social agencies. This center should not only afford the best conditions under which to give day supervision to children whose mothers cannot, for various reasons, care for them adequately, but also offers special help, through individual treatment and participation in normal group activities, to those children in need of educational and therapeutic guidance. Emotional conflicts and strain often appear as early as the first or second year of the child's life. The earlier the therapeutic work is begun the better the prognostication for a fundamental modification in personality."*

Soon after the Center opened it was found that offering day care to children of working mothers was keeping places in the nursery rooms filled which were needed for disturbed

*The First Bulletin of the Children's Center for Infant's And Preschool Children, Boston, 1942
CHILDREN, AND THE DAY CARE SERVICE WAS DROPPED. THE RESIDENTIAL CARE WAS ALSO DROPPED FROM THE PROGRAM BECAUSE OF LACK OF SPACE, ALTHOUGH THE DIRECTORS FELT VERY STRONGLY THAT SUCH A SERVICE WAS NEEDED.

AT THE PRESENT TIME THE CHILDREN'S CENTER SERVES APPROXIMATELY 300 CHILDREN A YEAR IN SOME WAY. IT ACCEPTS CHILDREN FROM 18 MONTHS (OCCASIONALLY EVEN YOUNGER) TO FOUR YEARS OF AGE. CHILDREN WHO HAVE ENTERED BEFORE THE AGE OF FOUR, MAY BE KEPT IN THE NURSERY SCHOOL UNTIL FIVE, OR EVEN LATER IN SOME CASES. SOME OF THE OLDER CHILDREN CONTINUE TO COME FOR PSYCHIATRIC INTERVIEWS AFTER THEY ARE TOO MATURE FOR THE NURSERY SCHOOL GROUP.

PROBABLY THE MAJORITY OF THE CHILDREN WHO COME TO THE CENTER ARE REFERRED FOR BEHAVIOR PROBLEMS SUCH AS OVERAGGRESSIVENESS, OVER-DEPENDENCE, DISTURBANCES OF EATING, SLEEPING, AND TOILET TRAINING, NIGHT TERRORS, ETC. THERE IS A LARGE GROUP, HOWEVER, OF MORE SEVERELY DISTURBED CHILDREN WHOSE PERSONALITY DEVELOPMENT HAS BEEN ATYPICAL. THESE ARE CHILDREN "WHOSE DEVELOPMENT HAS BEEN ARRESTED AT A VERY PRIMITIVE, INFANTILE LEVEL, AND WHO HAVE GENERALLY BEEN CONSIDERED FEEBLEMINDED OR PSYCHOTIC."* MENTALLY DEFICIENT CHILDREN ARE NOT TAKEN BY THE CENTER UNLESS THERE IS THE POSSIBILITY THAT THEIR RETARDATION HAS AN EMOTIONAL RATHER THAN AN ORGANIC

*RANK, Beata; "ADAPTATION OF THE PSYCHOANALYTIC TECHNIQUE FOR THE TREATMENT OF YOUNG CHILDREN WITH ATYPICAL DEVELOPMENT", THE AMERICAN JOURNAL OF ORTHOPSYCHIATRY, JAN. 1949
BASIS, SO THAT IT MAY BE POSSIBLE TO HELP THEM TO DEVELOP
NORMALLY. PHYSICALLY HANDICAPPED CHILDREN ARE NOT EXCLUDED,
BUT ARE ACCEPTED ONLY WHEN THERE IS A PERSONALITY PROBLEM
ACCOMPANYING THE HANDICAP.

OBVIOUSLY THE CARE AND TREATMENT OF SUCH CHILDREN PRE-
SENTS MANY PROBLEMS. MANY OF THEM ARE AGGRESSIVE AND DES-
TRUCTIVE AND MUST BE CAREFULLY SUPERVISED TO KEEP THEM FROM
HURTING OTHERS OR THEMSELVES. OTHER CHILDREN ARE WITHDRAWN
AND OUT OF CONTACT WITH REALITY AND NEED TO BE HELPED TO SEE
THE WORLD AS A REALITY, RATHER THAN JUST THROUGH PHANTASY.
STILL OTHERS ARE VERY INSECURE AND NEED ALMOST CONSTANT RE-
ASSURANCE AND ATTENTION. SUCH NEEDS ON THE PART OF THE CHIL-
DREN MAKE NECESSARY A LARGE STAFF AND OPTIMUM EFFICIENCY OF
THAT STAFF. IN ADDITION THE DIVERSITY OF NEEDS WHICH THE
CHILDREN SHOW AND THE SHORT ATTENTION SPAN OF MANY OF THEM
MAKE IT NECESSARY TO HAVE A VERY FLEXIBLE PROGRAM AND LARGER
AMOUNTS OF SPACE AND EQUIPMENT PER CHILD THAN IN MOST NURSERY
SCHOOLS OR CLINICS.

MOST OF THE CHILDREN COME FROM THE BOSTON AREA, PARTIC-
ULARLY THE IMMEDIATE NEIGHBORHOOD. THIS IS OF INTEREST IN
THAT IT INDICATES THAT LARGE NUMBERS OF CHILDREN COULD USE
TREATMENT AT SUCH CENTERS IF THEY WERE AVAILABLE IN EVERY
NEIGHBORHOOD. OF 311 REFERRALS IN 1948, 130 WERE FROM ROXBURY
AND DORCHESTER, 60 FROM OTHER PARTS OF GREATER BOSTON, 96
FROM SUCH SUBURBS AS ARLINGTON, HINGHAM, LEXINGTON, REVERE
AND WELLESLEY, AND 23 FROM OUTSIDE THE BOSTON AREA, A FEW
FROM AS FAR AS THE MIDDLE-WEST. BECAUSE THE CENTER IS ALMOST THE ONLY INSTITUTION OF ITS KIND IN THE UNITED STATES, THERE WOULD PROBABLY BE MORE REFERRALS FROM A DISTANCE IF A RESIDENCE HOME WERE AVAILABLE, EVEN THOUGH SUCH A HOME COULD CARE FOR ONLY A FEW CHILDREN.

DURING 1948 THE MAJORITY OF CHILDREN (198) WERE REFERRED BY THEIR PARENTS, WITH 64 REFERRED BY PHYSICIANS AND MEDICAL AGENCIES, 14 BY CHILD GUIDANCE CLINICS, 14 BY CHILD PLACING AGENCIES, 12 BY NURSERY SCHOOLS AND 7 BY FAMILY SOCIETIES.

THE CENTER OFFERS A CONSIDERABLY MORE INTENSIVE TYPE OF TREATMENT THAN IS USUAL IN CHILD GUIDANCE CLINICS. IN ALMOST ALL CASES ONE PARENT OR BOTH IS SEEN BY A SOCIAL WORKER FOR AN HOUR ONCE A WEEK. SOME MOTHERS MAY BE SEEN MORE OFTEN AND THE MORE EMOTIONALLY UPSET ARE SEEN BY PSYCHIATRISTS RATHER THAN BY SOCIAL WORKERS. MOST OF THE CHILDREN ARE IN A NURSERY SCHOOL GROUP FOR ONE TO FOUR HALF DAYS A WEEK, AND SEE A PSYCHIATRIST AT LEAST ONCE A WEEK. THERE ARE, HOWEVER, MANY INDIVIDUAL DIFFERENCES DEPENDING ON THE CHILD'S NEEDS, SOME ATTENDING NURSERY SCHOOL ONLY, AND OTHERS COMING INTO THE CENTER ONLY FOR PSYCHIATRIC INTERVIEWS. A FEW CHILDREN ARE SEEN ONLY FOR DIAGNOSTIC STUDIES ON THE BASIS OF WHICH RECOMMENDATIONS ARE MADE FOR TREATMENT ELSEWHERE OR FOR PLACEMENT OF THE CHILD. TREATMENT OF THESE CHILDREN CONSISTS IN SOME CASES OF DISCOVERING THE CHILD'S PROBLEM AND ITS CAUSE AND HELPING THE MOTHER AND/OR THE CHILD TO GAIN INSIGHT INTO THE CAUSE, IN OTHERS OF HELPING THE MOTHER TO BETTER ATTITUDES
Toward the child and better ways of handling him, and in still others of helping the child to regain contact with reality through establishing a relationship with him and making the environment less threatening. Therapy with the mothers is primarily carried on through interviews, but because the children served at the Center are so young, almost all therapy with them must be "play" therapy. In playing with toys and creative materials, the child not only shows what his problems are, but also works out these problems and relieves tensions through the guidance and support of the therapist.

Other services of the Center include training, research and a well-baby clinic. Nursery school apprentices, student psychiatrists, social workers and psychologists work with the children under supervision and participate in a training program which includes observation, study, and individual and group conferences. Research concerning the development and treatment of atypical personality in the young child is carried on by the entire staff concurrently with their therapeutic work. The well-baby clinic has as its primary purposes the study of personality development, the early diagnosis of personality problems and the relating of the Children's Center more closely to the neighborhood.

The financing of the Center comes from several sources: fees, charged on a sliding scale, community fund, private gifts, both from foundations and individuals, and the U.S.
GOVERNMENT (under the National Mental Health Act.) Any new building program would probably have to be financed by private gifts.

Since its beginning in 1913 the Center has been housed in a large old house at 244 Townsend Street in Roxbury. As a home for the Center it has many advantages, among them good location from the standpoint of surrounding population and transportation facilities, a residential character in spite of its large size, and a fairly large yard for playgrounds. It is probably one of the best buildings which could have been found for the Center since it was impossible to build, and many improvements have been made since 1913, but there are also many disadvantages. The social workers offices, the secretarial offices, and many of the therapy rooms are on the third floor; the total amount of space is being found to be inadequate; and the circulation is quite poor. (For example, the children from three of the nursery school rooms must either go through one of the other two nursery school rooms or through the basement to reach the play yards.)
II. **Site Selection**

The Roxbury area was originally chosen as the site for the Center when it was established in 1943 because it was felt that this area offered a cross-sectional type of population, from the standpoint of both income and race. Such a cross-section was desired for two reasons. First, it was the wish of the Center to serve children regardless of their parents' ability to pay. However, the more poorly educated families with lower incomes cannot travel as far for help and are less likely to know about such help as the Center offers than are families in higher socio-economic levels. Therefore it was felt to be desirable that the Center should be placed where families of many different types could see it and learn about if from their neighbors or through the well-baby clinic held at the Center. Second, a cross-section of the population was also desired so that the group of children who would be studied for the purposes of research might be as nearly representative of the entire population as possible.

That the area of Roxbury close to Dudley station provides a wide range of income groups and racial composition within a short radius may be seen from the two maps showing average rent by blocks and percentage of non-white population in this area, (according to the 1940 census.) It would probably be possible to find such a cross-sectional area outside
LEGEND

AVERAGE RENT, BY BLOCKS, ROXBURY, BOSTON, MASS., 1940
"NONWHITE" comprises Negro, Indian, Chinese, Japanese, Filipino and other nonwhite races, and persons of mixed white and nonwhite parentage.

LEGEND

DWELLING UNITS OCCUPIED BY NONWHITE HOUSEHOLDS AS A PERCENT OF ALL OCCUPIED DWELLING UNITS

0%
1% to 9%
10% to 49%
50% to 89%
90% to 100%

NONWHITE HOUSEHOLDS, ROXBURY, BOSTON, MASS., 1940
of Roxbury, but since Roxbury has been found by the Center to be a very satisfactory site, and since the residents are already familiar with the services of the Center, it would seem desirable to remain in this area.

Having decided upon the general location, it was necessary to judge the available lots in terms of their distance from transportation. Because so many of the children and staff members come by public transportation and because the children in this age group can walk for short distances only, it was important that the site be very close to a bus or car stop. The site chosen is a very short distance from the Centre Street carline and the Egleston carline (but just far enough from the latter so that the noise of the Washington Street elevated which runs above it is not a serious disturbance.) Dudley and Egleston stations and Roxbury Crossing, all of which serve as transfer points to various parts of Greater Boston are relatively close to the site.

In choosing the lots it was necessary to find enough space for three playgrounds for the nursery schools and for some parking. It was desired that the topography be such as to permit relative seclusion of the nursery school rooms and yards from street noises, curious passers-by and other intrusions. Also for this reason a site on a quiet street in the middle of a block rather than on a corner was considered preferable.

The finding of such a lot was very difficult because
Roxbury is very closely built up with few vacant lots, those which are vacant being so because the topography was such as to preclude all buildings of ordinary types (i.e. very hilly, being almost sheer cliff in some cases.)

The site selected from the above considerations is in itself quite hilly for the purpose and does not contain quite enough open space, but is by far the most open space available in any one block without removal of existing buildings. The city block on which the site was chosen has more vacant lots than any other in the area, but, as can be seen on the map of the site, all are very hilly, the ones chosen having the most flat space.

The lot has some desirable trees and typical Roxbury pudding stone outcroppings which are not a planning advantage but perhaps are aesthetically desirable. The streets are very quiet, and there is a pleasant character to the immediate residential district. The position of a fairly large public school across the street is in some ways a disadvantage in that the older children might tend to watch the center children at play and to use the play equipment when the Center was not in session. However, the hilly nature of the site makes it possible to put the playgrounds on top of the hill, and hence the presence of the school is not considered to be an important disadvantage. The absence of houses immediately across from the Center is probably desirable in
THAT THE TRAFFIC TO AND FROM THE CENTER MIGHT HAVE BEEN DIS-
TURBING TO RESIDENTS LIVING DIRECTLY ACROSS THE STREET.
ARCHITECTURAL IMPLICATIONS OF THERAPEUTIC POLICY

Color--There seems to be some question as to the effect of color on disturbed children, and it has not been decided whether rooms should be very neutral in color or should be painted soft but cheerful colors. However, very bright colors should be avoided except in very small amounts, and the entire effect should be more calm and restful than the ordinary nursery school.

Character--It is wished that the Center be as residential in character as is possible for a building of this size because of the unpleasant associations which any suggestion of an institution or doctor's office has for both mothers and children. On the other hand, scaling the rooms to child-size by lowering ceilings and making doors smaller is not desirable, since it is the residential scale with which the children are familiar. "The world of so small a child must not be too large, must not be too complex, must be compact, and in a large part familiar."

Permissiveness--Within certain limits which vary with each child, the children are permitted a wide range of behavior. This means that all surfaces and materials must be able to be easily cleaned, and all equipment must be well-built to resist rough handling. In addition, there is the requirement of safety, as in any other nursery school. These

*Haskell, Douglas; "The Modern Nursery School"
CRITERIA APPLY TO ALL PARTS OF THE BUILDING BECAUSE THERAPY MAY GO ON IN THE KITCHEN, THE JANITOR'S WORKSHOP OR ANY BATHROOM AS WELL AS IN THE PSYCHIATRIST'S OFFICE.

IMPORTANCE OF WATER PLAY--Because this is an age at which interest in water, paint and clay is high, space for these should be provided in any nursery school. Here, however facilities in both the nursery school rooms and the psychiatrist's rooms must be unusually ample because to many disturbed children water play and "messing" are very important in working out their tensions or conflicts over toilet training. Traps on all toilets should be such that they will not be easily stopped up when objects are dropped in and flushed down.
IV. **DESCRIPTION OF STAFF AND ORGANIZATION**

**The Duties of Staff Members**

The two co-directors of the Center direct the policies of the clinic, supervise some of the psychiatric fellows, lead conferences, and may see patients, both adults and children.

The duties of the psychiatrists vary depending upon the length of time that they have been at the Center, the number of private patients whom they see and the amount of time that they spend at other clinics, and whether they are staff members or fellows studying at the Center. All of the psychiatrists see children for therapy periods and keep records on cases seen. Some of the senior psychiatrists see mothers as well as children, conduct conferences for students in training at the Center and for other groups who come to the Center from colleges and hospitals only for conferences, and supervise fellows. (Supervised cases are those in which the therapist regularly discusses procedures and progress with a senior psychiatrist.)

The pediatrician comes to the Center on certain days each week to give physical examinations to the children as they are requested by the therapists. She may also carry one or more cases in supervised therapy, and may or may not help with the well-baby clinic. (At the present time the latter is handled by other members of the staff.)
THE SOCIAL WORKERS SEE SEVERAL MOTHERS FOR REGULAR PERIODS EACH WEEK, KEEP RECORDS ON THESE CASES, INTERVIEW PARENTS WHO ARE REFERRING THEIR CHILDREN TO THE CENTER, MAKE HOME VISITS IN SOME CASES, AND CONTACT OTHER AGENCIES AND INSTITUTIONS WHEN NECESSARY. THE STUDENT SOCIAL WORKERS HAVE THE SAME DUTIES AS THE STAFF SOCIAL WORKERS, BUT THEIR CASES ARE SUPERVISED IN THE SAME MANNER AS ARE THE CASES OF THE PSYCHIATRIC FELLOWS.


THE PSYCHOLOGIST GIVES MENTAL TESTS WHEN THEY ARE REQUESTED BY THE THERAPIST, AND SUPERVISES THE WORK OF THE STUDENT PSYCHOLOGIST. SHE MAY ALSO CARRY ONE OR MORE CASES IN SUPERVISED THERAPY.

THE NURSERY SCHOOL TEACHERS, IN ADDITION TO BEING WITH THE CHILDREN, SUPERVISE THE STUDENTS, WRITE REGULAR REPORTS ON BOTH CHILDREN AND STUDENTS, AND ATTEND REGULAR CONFERENCES ON EACH CHILD IN THEIR GROUPS.

THE HEAD NURSERY SCHOOL TEACHER SERVES AS A LINK BETWEEN THE REST OF THE STAFF AND THE NURSERY SCHOOL TEACHERS, WITH ALL REQUESTS FOR SUPPLIES AND EQUIPMENT AND SUGGESTIONS FOR CHANGES IN THE NURSERY SCHOOL BEING DISCUSSED WITH HER. SHE ALSO LEADS NURSERY SCHOOL STUDENT CONFERENCES AND TEACHER'S
MEETINGS, HELPS TO ARRANGE AND MAKE CHANGES IN THE SCHEDULING OF CHILDREN AND OFTEN SHOWS VISITORS AROUND THE NURSERY SCHOOL. SHE MAY OR MAY NOT HAVE CHARGE OF ONE OF THE GROUPS OF CHILDREN.

THE EXECUTIVE SECRETARY ORDERS GROCERIES AND EQUIPMENT, PAYS THE BILLS, HAS CHARGE OF MAINTENANCE AND IMPROVEMENT OF THE BUILDING AND DIRECTS THE CUSTODIAN AND THE COOK.

THE RECEPTIONIST SERVES AS SWITCHBOARD OPERATOR, COLLECTS FEES FROM THE MOTHERS, CHECKS ATTENDENCE AND MAINTAINS THE APPOINTMENT SHEETS AND THE PETTY CASH FUND.

THE HEAD STENOGRAPHER HAS CHARGE OF THE FILES AND ALLOTS THE WORK TO BE DONE TO THE OTHER STENOGRAPHERS. SHE ALSO DOES SOME TYPING.

THE STENOGRAPHERS TYPE LETTERS, NOTES AND REPORTS WRITTEN BY ALL MEMBERS OF THE STAFF. ONE OF THE CO-DIRECTORS HAS A PRIVATE SECRETARY WHO HAS CHARGE OF RECORDING CONFERENCES AS WELL AS OTHER DUTIES.

A BOOKKEEPER WHO COMES TO THE CENTER ONE DAY A WEEK HAS CHARGE OF THE ACCOUNTS AND THE BLUE CROSS MEMBERSHIP ACCOUNTING.

THE COOK PREPARES THE MEALS FOR BOTH CHILDREN AND STAFF AND HAS CHARGE OF THE KITCHEN. SHE USUALLY HAS PART-TIME HELP WITH THE DISHWASHING.

THE CUSTODIAN CLEANS THE BUILDING, MAINTAINS THE YARD, BUILDS SOME EQUIPMENT AND REPAIRS BROKEN FURNITURE AND TOYS, AND HAS CHARGE OF THE HEATING. WHEN OTHER MAINTENANCE HELP
IS HIRED, AS FREQUENTLY HAPPENS WHEN THERE IS EXTRA WORK, THE CUSTODIAN DIRECTS THEIR WORK.

**List and Description of Rooms Required**

**Office or Lobby**—From this room the receptionist should have control over the main entrance of the building so that she can check in children and staff, give messages to staff members as they enter or leave, and direct strangers to the various offices. There must be space for the PBX board which the receptionist operates, some desk space and several drawers for supplies. In the lobby also are the staff mail boxes (placed well above children's reach) and a bulletin board. The lobby should be fairly central since persons will go from it to all parts of the Center.

**Waiting Room**—The waiting room is used by tradesmen and visitors as well as by parents. It should be furnished with comfortable chairs with space for magazines and books, but like the rest of the Center should be easily kept neat and clean. It should be located next to the lobby so that the receptionist can tell the mothers or visitors when members of the staff are ready to see them, but it should not be possible to hear what the receptionist is saying on the telephone from the waiting room. There would be no objection to a fairly open waiting room, but it should not be a traffic way.

**Executive Secretary's Office**—This office should provide
ADEQUATE DESK SPACE FOR PAPER WORK, SPACE FOR ONE FILING CABINET AND A SMALL AMOUNT OF STORAGE FOR CLERICAL SUPPLIES. THERE SHOULD BE ONE CHAIR FOR TRADESMEN OR OTHER VISITORS. BECAUSE THE EXECUTIVE SECRETARY IS LIKELY TO SEE MANY PEOPLE IN A DAY, EACH FOR ONLY A SHORT TIME, HER OFFICE SHOULD BE CLOSE TO THE LOBBY.

SOCIAL WORKERS' ROOMS—IN THE PRESENT CENTER THERE ARE ONLY FOUR SOCIAL WORKER'S ROOMS IN ADDITION TO THAT OF THE HEAD SOCIAL WORKER. THIS NUMBER IS INADEQUATE BECAUSE IT MEANS THAT ROOMS MUST BE SHARED AND APPOINTMENTS WITH MOTHERS STAGGERED SINCE TWO INTERVIEWS CANNOT BE HELD IN THE SAME ROOM AT THE SAME TIME. IT WOULD BE DESIRABLE TO HAVE SIX SINGLE ROOMS IN ADDITION TO THE HEAD SOCIAL WORKER'S ROOM. EACH SHOULD CONTAIN A DESK AND CHAIR FOR THE SOCIAL WORKER AND A COMFORTABLE CHAIR FOR THE MOTHER. THERE SHOULD BE SPACE FOR THE USE OF AN EDIPHONE. LOCATION NEAR THE WAITING ROOM WOULD BE DESIRABLE, BUT NOT NECESSARY.

HEAD SOCIAL WORKER'S ROOM—SINCE THE HEAD SOCIAL WORKER SEES A NUMBER OF MOTHERS, SHE NEEDS THE SAME EQUIPMENT AS DO THE OTHER SOCIAL WORKERS. IN ADDITION HER OFFICE MUST BE LARGE ENOUGH TO CONTAIN A LOW, TWO-DRAWER FILING CABINET, AND TO HOLD SOCIAL WORK CONFERENCES OF SIX PERSONS IN ADDITION TO HERSELF. FOR THESE CONFERENCES FOLDING CHAIRS WOULD BE SATISFACTORY, AND THERE SHOULD BE A PLACE TO STORE THESE IN OR NEAR THE ROOM. THE PRESENT HEAD SOCIAL WORKER FINDS THAT A LOCATION NEAR THE FRONT DOOR IS IMPORTANT FOR HER
OFFICE, BECAUSE OF THE LARGE NUMBER OF PEOPLE SHE MUST SEE EACH DAY.

THERAPY ROOMS--IT IS FELT THAT 12 PSYCHIATRIST'S ROOMS ARE NEEDED TO INSURE THAT THERE WILL ALWAYS BE A ROOM FREE FOR EACH PSYCHIATRIST SEEING CHILDREN AT ANY ONE TIME. (PART-TIME PSYCHIATRISTS OR THERAPISTS WOULD SHARE ROOMS WITH OTHERS COMING AT DIFFERENT HOURS, OR ON DIFFERENT DAYS)

IT IS NECESSARY FOR THE THERAPY ROOMS TO SERVE TWO PURPOSES--TO BE USED FOR PSYCHIATRIC INTERVIEWS WITH CHILDREN AND TO SERVE AS OFFICES FOR THE THERAPISTS. IN SOME CASES THE ROOMS MAY ALSO BE USED FOR INTERVIEWS WITH PARENTS AND FOR CONFERENCES WITH ONE OR TWO PEOPLE IN ADDITION TO THE THERAPIST. THEREFORE THESE OFFICES MUST COMBINE THE EQUIPMENT OF THE SOCIAL WORKER'S OFFICE WITH MATERIALS FOR "PLAY" THERAPY INCLUDING PROVISION FOR WATER PLAY. IN ADDITION THERE SHOULD BE STORAGE FOR ONE OR TWO FOLDING CHAIRS. SMALL OBSERVATION ROOMS TO BE USED BY ONE PERSON TAKING NOTES ARE NEEDED FOR RESEARCH PURPOSES. THE THERAPY ROOMS SHOULD BE FAIRLY ACCESSIBLE FROM THE NURSERY SCHOOL ROOMS AND YARDS, BUT NEED NOT BE TOO CLOSE.

ONE LARGER THERAPY ROOM WITH A LARGE OBSERVATION BOOTH IS DESIRED. THIS WOULD DIFFER FROM THE OTHER THERAPY ROOMS ONLY IN THAT THE BOOTH WOULD BE LARGE ENOUGH TO PERMIT SEVERAL PEOPLE TO OBSERVE THERAPY AND TO PERMIT RECORDINGS AND MOVIES OF THERAPY SESSIONS TO BE TAKEN FROM THE BOOTH.
Co-directors' Offices—Since both the co-directors' offices are used for small conferences (probably with a maximum of 9 or 10 people), and may be used for therapy with both children and adults, as well as for office work and dictating, they need to be somewhat larger than the psychiatrist's offices. At least one, and probably both, should have a door from the private secretary's office as well as from the hall. It should be possible to hide the play materials, and there should be storage for 9 or 10 folding chairs in or near the offices. At least one comfortable chair in addition to the director's will be needed and fairly ample storage for books. Probably these offices should not be placed immediately off the lobby, but almost any other location would be satisfactory.

Private Secretary's Office—If placed between the two co-directors' offices, this might possibly serve as a small waiting room. The secretary needs desk space for both office work and typing, space for an ediphone, at least one filing cabinet and preferably two and storage for some clerical supplies.

Stenographic Office—To make supervision of typists and of the files more efficient, it is felt that these might be concentrated in one room. However, since all typists use the ediphone part of the time, some type of acoustic treatment would be necessary. (The noise level in a room where several people are typing is usually too high to permit
EFFICIENT USE OF AN EDIPHONE). IN THIS CASE PROVISION OF
SOUND-ABSORBING MATERIAL ALONE IS HARDLY ADEQUATE, AND
EITHER OPEN BOOTHS OR GLASS PARTITIONED CUBICLES FOR THE
TYPISTS MIGHT ALSO BE USED. SPACE FOR FIVE TYPISTS INCLUDING
THE HEAD STENOGRAPHER IS NEEDED. EACH TYPIST REQUIRES
DRAWERS FOR STORAGE OF SMALL AMOUNTS OF SUPPLIES IN ADDI-
TION TO TABLE SPACE FOR TYPEWRITER AND MATERIAL TO BE COPIED. THE BOOKKEEPER NEEDS MORE TABLE SPACE, AND A SMALL
AMOUNT OF STORAGE SPACE. A LARGE CABINET OR CLOSET FOR
STORAGE OF CLERICAL SUPPLIES SHOULD ALSO BE INCLUDED. AT
THE PRESENT TIME SPACE IS NEEDED FOR SEVEN FILING CABINETS,
BUT SINCE THE RECORDS GROW AT THE RATE OF APPROXIMATELY TWO
DRAWERS PER YEAR, MORE ROOM SHOULD BE ALLOWED. THIS OFFICE
MIGHT BE PLACED ALMOST ANYWHERE IN THE BUILDING.

PEDIATRICIAN'S OFFICE--BECAUSE THE PEDIATRICIAN NORM-
ALLY WOULD SEE CHILDREN ONLY TWICE A WEEK, AND THE WELL-
BABY CLINIC MEETS ONLY ONCE A WEEK, THIS OFFICE COULD ALSO
DOUBLE AS ISOLATION ROOM, THE PRESENCE OF WHICH IS REQUIRED
BY LAW. (IN PRACTICE AN ISOLATION ROOM WOULD BE ALMOST
NEVER USED SINCE MOST OF THE MOTHERS REMAIN AT THE CENTER
DURING THE CHILD'S ATTENDENCE, AND A CHILD WHO BECAME ILL
WOULD BE SENT HOME IMMEDIATELY AFTER BEING SEEN BY ONE OF
THE DOCTORS, OR WOULD PROBABLY BE TAKEN HOME, IF THE MOTHER
HAD RETURNED HOME INSTEAD OF STAYING AT THE CENTER.) EQUIP-
MENT NEEDED WOULD INCLUDE TABLE SPACE FOR EXAMINING BABIES,
WITH A SCALE MORE OR LESS PERMANENTLY PLACED ON THE TABLE.
There should be space for a folding child's cot, and for taking posture pictures of the children. Storage for supplies should be provided. It would be desirable to have some type of waiting area near the office for mothers bringing their babies to the clinic. If a social worker's or psychiatrist's office were nearby, it might be kept free on this afternoon for consultation with those mothers who had particular problems which they wished to discuss with the psychiatrist.

Psychologist's Office—This office should consist of two separate parts, a testing room with observation booth, and an office where the psychologist and student psychologist would correct tests and write or dictate reports. The testing room needs only a table with two small chairs, a shelf on which to place testing materials not in use, and a chair for the mother whose presence during the testing may be necessary. The psychologist's office requires work space for two people and storage space for test blanks and testing equipment.

Nursery School Rooms—Five nursery school rooms are required, each to serve from four to eight children at one time. Each room should have facilities for both active and quiet play, including play with dolls, blocks, paints, clay, water and books. Each room should have its own toilets directly connected to the play area. Space for a piano and portable phonograph should be allowed and also for one piece
of climbing apparatus. Observation of both the play area and the bathroom from an observation booth should be possible. The nursery school units should be somewhat isolated from the rest of the complex, but should have direct access to the play yards.

**Active Play Room**—In addition to the nursery school rooms, it is necessary to have space for very active play in cold or wet weather. In this room should be facilities for sand play, climbing, tumbling and carpentry. Most important is space for riding of tricycles and child-scale pedal-propelled cars and play with wagons. This room should also have an observation booth and at least one toilet.

**Head Teacher's Office**—This room should be fairly accessible from both nursery school and the front entrance. The head teacher needs a desk and some storage space, a two-drawer file, and shelves for books. Since she will be seeing visitors here, at least one comfortable chair in addition to her own should be provided. Student nursery school conferences and teachers' meetings could be held either in this room or in the teachers' lounge. Whichever room is used would need to seat between 10 and 15 people.

**Nursery School Teachers' Lounge**—Because the furniture in the nursery school rooms is almost all child-size, the teachers need a room where they can relax when not with the children and where they can work on their notes. Several
COMFORTABLE CHAIRS SHOULD BE PROVIDED FOR THIS PURPOSE, AND perhaps a couch. (More space and chairs will be needed if it is also used as a conference room.) In addition it is desirable to have a large closet and a bathroom with toilet, washbowl and shower off the lounge because the teachers often feel the need to change clothing before leaving the center.

Kitchen—Food and dishes are carried from the kitchen to the nursery school rooms by the teachers or students, and for this reason the kitchen should be as close to the nursery rooms as possible. Food is also prepared for the staff who eat in the staff dining room. In addition to the usual requirements for a kitchen serving approximately 50 people (actually this might be as high as 60 on some days, but preschool children eat considerably less than adults), the kitchen has some special requirements because of the nature of the center. There should be a cupboard near the entrance of the kitchen for storage of crackers served by the teachers at morning and afternoon lunches and for the raisins and chocolate bits which the psychiatrists give to the children during the therapy periods. Some counter space should also be provided where therapists could occasionally prepare other food (such as egg nooks or bread and butter) for the children without getting in the way of the cook. This space could be used by the cook during the lunch hour, since no therapy sessions are held at that time. It is important that the
KITCHEN BE DESIGNED WITH ALL POSSIBLE REGARD TO SAFETY, WITH STOVE KNOBS AT THE BACK OF THE STOVE AND KNIVES AND HEAVY PANS WELL OUT OF REACH OF THE CHILDREN. AT THE PRESENT TIME, LUNCH FOR THE STAFF IS SERVED ON TRAYS FROM A COUNTER IN THE KITCHEN, BUT THIS ARRANGEMENT COULD BE MODIFIED, FOR EXAMPLE BY PLACING A SLIDING WINDOW BETWEEN THE KITCHEN AND THE DINING ROOM.

DINING ROOM--THE DINING ROOM SHOULD BE AS CLOSE TO THE KITCHEN AS POSSIBLE, AND SHOULD SEAT 25-30 PEOPLE AT TABLES SEATING SIX TO TEN PEOPLE. IT MIGHT POSSIBLY OPEN INTO THE LIBRARY FOR UNUSUALLY LARGE CONFERENCES OR FOR STAFF PARTIES.

LIBRARY--THE LIBRARY WOULD BE USED FOR READING AND STUDY BY STAFF AND STUDENTS AND AS A CONFERENCE ROOM FOR BOTH LARGE AND SMALL CONFERENCES. IT SHOULD PROBABLY HOLD A MAXIMUM OF 75 PEOPLE. AT LEAST ONE WALL SHOULD BE ALLOTED TO SHELF SPACE FOR BOOKS AND PERIODICALS, AND STORAGE SPACE FOR FOLDING CHAIRS SHOULD BE PROVIDED. A CONFERENCE TABLE, POSSIBLY TWO OTHER TABLES FOR STUDY AND SEVERAL COMFORTABLE CHAIRS WOULD ALSO BE NEEDED. A SMALL ROOM FOR RECORDING EQUIPMENT SHOULD ADJOIN THE LIBRARY SO THAT CONFERENCES MIGHT BE RECORDED, AND THE LIBRARY ITSELF SHOULD HAVE SPACE FOR SHOWING MOVIES.

HEATING--ADEQUATE SPACE SHOULD BE PROVIDED FOR HEATING EQUIPMENT. IT WOULD BE DESIRABLE TO ISOLATE THIS SO THAT
CHILDREN WOULD NOT HAVE ACCESS TO IT.

Storage--Since toys, equipment and play materials are bought in fairly large quantities, storage space is necessary for such supplies. This room would have both cupboard space and floor space for the storage of tricycles, large blocks etc. Like the heating room, it should not be accessible to children.

Janitor's Room--This room is used chiefly as a work-shop for the building and repair of equipment and toys. Power tools would be few in number and the shop could be fairly small except for a storage area for pieces under repair and lumber. A small toilet room with washbowl might be attached. In designing the shop, it might be kept in mind that children and therapists would occasionally visit it.

Typical Routine Day of Mother and Child

The mother and child arrive in the lobby at approximately 9:30 and go to the nursery school room after speaking to the receptionist. Unless the child is very young or new at the Center, the mother leaves after he has begun playing and returns to the waiting room where she reads or talks to the other mothers. From here she goes to the social worker's office if this is the morning for her appointment, and then comes back to the waiting room. (Some mothers may leave to return home or to shop.)
IN THE NURSERY SCHOOL ROOM, IN THE YARD OR IN THE LARGE PLAYROOM THE CHILD PLAYS UNTIL HIS PSYCHIATRIST COMES FOR HIM. THE TWO MAY THEN GO TO THE THERAPY ROOM, REMAIN WITH THE OTHER CHILDREN OR WALK ABOUT THE BUILDING. THE CHILD MAY EVEN ASK TO GO TO SEE HIS MOTHER IN THE WAITING ROOM. AT SOME TIME DURING THE MORNING JUICE AND CRACKERS WILL BE SERVED AND AT 11:30 LUNCH WILL BE BROUGHT IN. AS SOON AS HE HAS EATEN ALL THAT HE WISHES, IT IS TIME TO GO HOME, AND HE IS TAKEN TO THE WAITING ROOM UNLESS HIS MOTHER HAS ALREADY COME TO THE NURSERY ROOM.

THOSE CHILDREN WHO COME AT 1:00 HAVE A SIMILAR SCHEDULE EXCEPT THAT NO LUNCH IS SERVED. NO ATTEMPT IS MADE TO HAVE NAPTIME AT THE CENTER AS IT HAS BEEN FOUND THAT THESE DISTURBED CHILDREN DO NOT SLEEP WELL IN GROUPS AND THAT VALUABLE TIME IS LOST IF NAPS ARE ATTEMPTED. THOSE WHO STILL TAKE NAPS AND COME TO THE CENTER IN THE AFTERNOONS, SLEEP AT HOME IN THE MORNINGS.

SEPARATION AND GROUPING OF ELEMENTS

IT WOULD SEEM THAT THE ROOMS NEEDED LOGICALLY ARE DIVIDED INTO THREE SOMEWHAT INTERDEPENDENT PARTS--THE NURSERY SCHOOL COMPLEX, THE OFFICE COMPLEX AND THE SERVICE COMPLEX. THE RELATIONSHIPS BETWEEN THESE VARIOUS ROOMS MAY BE SEEN IN THE SCHEMATIC PLAN.

IN THE SOLUTION PRESENTED THE POSSIBLE NEED TO BUILD
the new Center a part at a time was kept in mind. On the lot adjoining the proposed site is an old house in fairly good condition. A passageway could easily be built from the end of the nursery school building to this house, and it could then serve as the office building during the first phase when only the nursery school and service complex were complete. After the office building had been built, this house could be used as the inpatient residence, and still later when the residence was finished, it could possibly be converted to living quarters for staff members.
V. Design of Typical Rooms

The Nursery School Room—There are several different types of nursery schools, each with its own particular emphases and needs. The research and teacher training school, such as is often attached to universities, has smaller groups of children and requires observation facilities for large numbers of people. "Day nurseries", primarily set up to give custodial care, must have provisions for the care of large numbers of children with space for naps, and occasionally all-night care. Probably the most common type is that which desires to help the child to become acquainted with other children and which serves as a transition between home and grade school; here the hours are likely to be short, the emphasis on the development of skills and social attitudes, and provision for parent education necessary. Fourth, there are the schools such as the Center which seek to help those children with special needs and disabilities.

In discussing the particular needs of the Center children which affect the design of the nursery school, both those needs which he has in common with other children and those needs which are more or less typical of the group at the Center will be discussed.

The preschool child is learning to take part in both large and small muscle activities. He needs space for
RUNNING, CLIMBING, TRICYCLE RIDING AND OTHER ACTIVE PLAY.

Obviously comparatively little of this type of play can be carried on in the nursery school room itself, and this space must be supplemented by playgrounds and if possible, by indoor play space designed for such active play. The disturbed children may be even more active than other children and often need to release energy in this way. At the center, because of the small number of children, it is possible to have one piece of climbing equipment in the nursery room and to provide some running space by pushing everything out of the middle of the floor. However for the most active play, a large play room must be provided for days when outdoor play is not possible, with climbing apparatus, sand play, a carpenter's bench and space for tricycle riding. The yards should be similarly equipped (except for the carpenter's bench) with one yard for the two older groups, one for the two middle groups, these two yards psychologically but not physically divided (e.g., by planting) and a small fenced-in yard for the baby group.

The desirable amount of floor space per child has not been decided upon, though many states, including New York, have a minimum of 35 square feet. It would seem that this is much too small for almost any nursery school, and particularly for one of this type. (In this solution each child would have 75 square feet when the absolute maximum
OF EIGHT CHILDREN WERE IN THE ROOM. IN PRACTICE THERE WOULD RARELY BE SUCH A CONCENTRATION SINCE MOST GROUPS ARE NOT THIS LARGE, CHILDREN MAY BE ABSENT, AND AT MOST TIMES DURING THE SESSION AT LEAST ONE OR TWO CHILDREN WOULD BE WITH THERAPISTS OR IN THE LARGE PLAYROOM. EACH CHILD WOULD ALSO HAVE A SHARE OF 23 FEET IN THE PLAYROOM, BUT THIS SPACE WOULD PROBABLY NEVER SERVE MORE THAN TEN CHILDREN AT ONCE.)

EXCEPT FOR THE MORE EXTENSIVE WATER PLAY, NEEDS FOR PROVISION OF SMALL MOTOR AND CREATIVE TYPES OF ACTIVITIES ARE MUCH LIKE THOSE IN ANY NURSERY SCHOOL. IN THE NURSERY SCHOOL ROOM SPACE SHOULD BE PROVIDED FOR PLAY WITH LARGE AND SMALL BLOCKS, SMALL CARS AND TRAINS, BEADS AND PUZZLES. THE TWO FORMER CAN BE STORED ON OPEN SHELVES, BUT STORAGE ACCESSIBLE TO THE TEACHER SHOULD BE PROVIDED FOR BEADS AND PUZZLES. TABLE SPACE IS NEEDED FOR CUTTING, PASTING AND COLORING, AND THESE SUPPLIES MIGHT BE STORED WITH THE BEADS, PUZZLES ETC.

DRAMATIC PLAY IS IMPORTANT, PARTICULARLY TO THE OLDER GROUPS, AND PROVISION SHOULD BE MADE FOR THIS WITH AN ADEQUATE DOLL CORNER AND STORAGE FOR DRESS-UP CLOTHES. IN THE WATER PLAY AREA SINKS FOR WATER PLAY, TABLE SPACE FOR CLAY AND FINGER PAINTS AND EASELS FOR PAINTING ARE NEEDED. THERE SHOULD ALSO BE STORAGE SPACE FOR WATER TOYS, PAPER, PAINT AND CLAY. (IN THIS SOLUTION TWO SINKS, A LONG TABLE, AND FOUR WALL EASELS ARE PROVIDED. THIS IS UNUSUALLY AMPLE EQUIPMENT FOR A GROUP OF FROM FOUR TO EIGHT CHILDREN, BUT THIS AMOUNT IS DESIRABLE BECAUSE OF THE MUCH GREATER INTEREST OF THESE CHILDREN IN
IN WATER PLAY AND CREATIVE MATERIALS.)

THE LACK OF INFORMATION ABOUT THE ENVIRONMENT AND THE CURIOSITY OF THIS AGE GROUP MAKE SAFETY PROVISIONS VERY IMPORTANT IN ANY NURSERY, BUT THEY ARE EVEN MORE SO WHEN THE LACK OF CONTACT WITH THE ENVIRONMENT AND THE SELF-DIRECTED AGGRESSION SHOWN BY SOME OF THE CENTER CHILDREN ARE ADDED TO THE NORMAL LACK OF CAUTION SHOWN BY ANY PRESCHOOL CHILD. FOR EXAMPLE, A CHILD MIGHT BREAK A WINDOW THROUGH BUMPING IT WITH HIS FOREHEAD. SHATTERPROOF GLASS MIGHT BE USED IN LOWER WINDOWS, NOT SPECIFICALLY BECAUSE OF THIS DANGER, BUT ALSO TO PREVENT INJURIES FROM GLASS FRAGMENTS SHOULD BLOCKS, ETC., BE THROWN THROUGH THE WINDOW. OPERABLE SASH WITHIN FOUR FEET OF THE FLOOR OR GROUND SHOULD BE SLIDING OR Đ-H WINDOWS, AS ALL OTHER TYPES OPEN INWARD OR OUTWARD AND PRESENT A HAZARD TO THE CHILDREN. (HOWEVER, IF UNDER-WINDOW STORAGE CABINETS ARE USED, AND IF THEY ARE OF SUFFICIENT DEPTH TO PREVENT PROJECTION OF OPENED SASH BEYOND THEM INTO THE ROOM, INSWINGING SASH MIGHT BE USED.) BLOCK PLAY AND CLIMBING FACILITIES SHOULD NOT BE PLACED SO THAT THEY ENCOURAGE SUCH PLAY IMMEDIATELY IN FRONT OF THE WINDOWS. FURNITURE SHOULD NOT BE ARRANGED IN A MANNER THAT MIGHT SUGGEST CLIMBING UPON THE PIANO OR OTHER HIGH PLACES VIA SHELVES OR OTHER LOW PIECES OF FURNITURE. THERE SHOULD BE NO EXPOSED RADIATORS AND ALL CORNERS ON SHELVES AND FURNITURE SHOULD BE ROUNDED. MOST IMPORTANT, THE TEACHER SHOULD BE ABLE TO SEE EACH CHILD FROM ANY PART OF THE ROOM.
Some children in these groups may be unusually noisy while others may be particularly sensitive to noise. The noise control problem may be partially solved by the liberal use of sound absorbing materials, and by the relegating of the carpentry bench to the active play room. The presence of the active play room, in itself however, would probably be the best noise control, in that the children who were making the most noise could be sent with a student to the playroom.

The importance of having a warm floor in the nursery school hardly needs emphasis; this demands radiant floor heating. In addition a method of positive ventilation is required by code. Positive ventilation is desirable to prevent stale rooms in the winter and to induce circulation of air in the summer. Hence a system combining hot water radiant floor and a unit hot air system would be desirable. The hot air system tends to compensate for the slow warm-up of the radiant system and provides extra heat near the windows to counteract cold downdrafts. With such a system it is easy to include germ-killing ultraviolet lamps in the hot-air ducts, such lamps having proven successful in combatting colds in nursery school installations.

The hot air system might consist of a fresh air inlet, with a tempering steam coil and a fan behind it, with ducts going to outlets into the room to blow hot air in parallel
TO THE WINDOWS. A RETURN AIR DUCT WOULD RUN FROM A GRILLE NEAR THE FLOOR TO THE FAN. EXHAUST AIR WOULD BE TAKEN TO A DUCT IN THE HALLWAY WHICH WOULD LEAD TO A CENTRAL EXHAUST STACK, OR THE ROOMS WOULD HAVE INDIVIDUAL EXHAUST FANS.

CROSS VENTILATION COULD BE PROVIDED BY MEANS OF SLIDING SASH PLACED LOW ENOUGH FOR THE CHILDREN TO SEE OUT OF ONE WALL AND TRANSOM SASH IN THE CLERESTORY IN THE OPPOSITE WALL.

THE LIGHTING OF A NURSERY SCHOOL DOES NOT CALL FOR SUCH A PURISTIC APPROACH AS DOES THE LIGHTING OF AN ELEMENTARY SCHOOL. THE PREVENTION OF ANY VIEW OF THE SKY OR OF THE SNOW IN WINTER WOULD SEEM TO BE UNNECESSARY, AND SOME DIRECT SUNLIGHT IN THE ROOMS IN THE WINTER MONTHS TO BE DESIRABLE. IT IS IMPORTANT TO GET ENOUGH LIGHT TO ALL PARTS OF THE ROOM TO PERMIT FLEXIBLE ARRANGEMENT OF ACTIVITIES, BUT ABSOLUTELY EVEN DISTRIBUTION OF INTENSITY OVER THE ROOM IS NOT NECESSARY.

PLAY DURING HOT, SUNNY WEATHER. A 4'-0" OVERHANG 8'-0"
FROM THE FLOOR IS LARGE ENOUGH TO CUT OUT SUMMER SUN BETWEEN
10:00 AND 2:00, YET PERMITS SOME DIRECT SUNLIGHT TO ENTER
THE ROOM IN WINTER. THE LARGE WINDOWS LOOK TOWARD A KNOLL
OR TREES WHICH WOULD CUT OUT SOME OF THE VIEW OF THE SKY.

SINCE THE NURSERY SCHOOL ROOMS ARE USED ONLY DURING
THE DAY, ARTIFICIAL LIGHTING WOULD NEED TO BE ONLY SUPPLE-
MENTARY IN NATURE. THE CHIEF REQUIREMENT OF FIXTURES IS
THAT THEY BE PLACED HIGH ENOUGH TO PROVIDE POOR TARGETS FOR
BALLS AND BLOCKS.

FOR THE CHILD OF NURSERY SCHOOL AGE ALL PHYSICAL NEEDS
SHOULD BE MET WITHIN THE NURSERY SCHOOL UNIT IF POSSIBLE.

AS HAS PREVIOUSLY BEEN NOTED TOILETS ARE PLACED IN THE
WATER PLAY AREA IN OPEN STALLS. (THOSE PERMIT BETTER SUPER-
VISION BY THE TEACHER AND AVOID THE USE OF THE STALL BY THE
CHILDREN AS A PLACE TO HIDE.) CODES FOR NURSERY SCHOOLS
AS A RULE CALL FOR ONLY ONE TOILET FOR EACH TEN CHILDREN AND
ONE WASHBASIN FOR EACH FOUR CHILDREN. THIS MINIMUM REQUIRE-
MENT NEGLCTS THE TENDENCY AMONG ALL PRESCHOOLERS TO DECIDE
TO GO TO THE TOILET WHEN SOMEONE ELSE HAS ANNOUNCED HIS IN-
TENTION TO DO SO. IN THE CASE OF THE CENTER MORE TOILETS
ARE REQUIRED BECAUSE THE CHILDREN ARE PARTICULARLY INTERESTED
IN THEM AND BECAUSE THEY BECOME INSTRUMENTS FOR WATER PLAY
IN ADDITION TO THEIR USUAL USES.

BECAUSE OF THE SHORT SESSION, THE CHILDREN AT THE CEN-
TER SEEM TO FEEL NO NEED FOR REST PERIODS OTHER THAN SHORT
periods of quiet activity. However, the doll beds should be made large enough for the children to fit comfortably in them as they sometimes want to lie in them during the course of play.

Because of the large number of different children who come to the Center in a week, it is not possible to provide a locker for each child, but there should be enough to allow each child to keep his outdoor clothing and belongings in one during the time that he is in school.

Since it is felt desirable to keep the children in small groups, lunch is served in each nursery room. Tables are needed which can normally be pushed together for looking at picture books or doing art work and pulled apart to provide space for six children and two teachers to eat with a serving cart in between. (Rarely, if ever, would there be eight children in any group staying for lunch. If this did occur the doll corner table could be used for two children and a third adult.)

Privacy and seclusion are very important to many insecure children. This may be achieved by creating small areas within the large room by means of movable shelves, as in the block area or doll corner. The water play area with a low partition may also seem closed to a child, though quite open to the taller adult; in addition the space under the climbing apparatus can offer the utmost in privacy.
Because of the varied levels of maturity among the children in any one group, encouragement of the development of independence must depend more upon what the teacher does than upon the architectural provisions. (For example, some types of play materials which the children can get for themselves in ordinary nursery schools cannot safely be left on open shelves at the Center.) However, low open lockers, faucets at the sink which can be easily turned off and on (with the addition of high valves which can be controlled only by the teacher) and low toilets would make independence easier without introducing hazards.

In addition the room should be designed in such a way that opportunity to do forbidden things is not thrust upon the children. For example, wet paintings placed upon the floor to dry will almost inevitably be walked on. A series of rods above the easels for wet paintings would eliminate the temptation.

The nursery school room should be as efficient to work in as possible. With the disturbed children, it is important that the teacher spend as much time as possible on the children's problems, hence the less time spent on routine tasks, the better. (This applies to all of the Center personnel, some of whom are highly trained and highly paid individuals. To waste their time at tasks that are not therapy or research is uneconomical of their talents, which should be used as
Intensively as possible.) The teacher's time can be conserved by having storage for play materials, towels, extra clothing, paper cups etc. within the unit, by having the unit self-contained so that it is rarely necessary to take the children to other parts of the center merely for physical care, by having direct access to the yard, thus avoiding long trips back to the bathroom or for forgotten possessions, and by having all surfaces and equipment as easy to keep clean as possible.

The teacher is better able to supervise the children if she can see what is going on all over the room. Although in most cases there will be at least one student assistant with the children as well, it is desirable that the teacher should know at all times what each child is doing, and that she should be able to move rapidly to any child if necessary. For this reason there should be no blind corners and all partitions should be low enough for an adult to see over them.

From the standpoint of research and training, it is also important that all of the room should be visible from the observation booth.

The most economical approach would be to put all the nursery school rooms in one building, but a more desirable scale might be achieved by breaking it up into small cottage type buildings, containing one or more nursery school
UNITS, STRUNG ALONG A CORRIDOR. ACCORDING TO THE CODE, THESE COULD BE OF NON-FIREPROOF (LIGHT FRAME) CONSTRUCTION BECAUSE THEY WOULD BE ONE STORY AND SMALL IN FLOOR AREA. SUCH AN ARRANGEMENT WOULD ALSO PROVIDE VERY EFFICACIOUS ACOUSTIC INSULATION AS COMPARED WITH THE EXPENSIVE WALLS NEEDED IF ALL WERE IN ONE BUILDING.

THE PSYCHIATRIST'S ROOM (THERAPY ROOM)--There are two factors to be considered in planning the location of the therapy rooms. First they should not be so far from the nursery school rooms that walking back and forth takes up too much of the therapy period, and it is particularly undesirable for them to be considerably up or down from the nursery rooms. (At the present center some of the therapy rooms are three flights above the yard.) On the other hand, it is felt that the psychiatrists' offices should not be immediately connected with the nursery school because a psychological division between the therapy room and the nursery room is desirable. The child should realize that his relationship with the therapist is different from that with his teacher, and that in the therapy room he may do things which he is not permitted to do in the nursery. Some type of physical division between the two departments helps to emphasize this difference.

The equipment in the therapy rooms, aside from the office and interviewing equipment, varies depending on the wish of the individual therapist and the particular needs
OF THE CHILDREN WHOM HE SEES. SPACE SHOULD BE PROVIDED IN
ALL FOR A CHILD'S TABLE AND CHAIR, A DOLL HOUSE (ONE FLOOR
DEEP AND OPEN AT THE TOP) AND A DOLL BED. A SINK FOR WATER
PLAY SHOULD BE BUILT IN. IN ADDITION THERE SHOULD BE STOR-
AGE FOR OTHER TOYS AND MATERIALS AND A CLOSET FOR THE THER-
APIST'S PERSONAL USE. A SMALL OBSERVATION BOOTH SHOULD ALSO
BE PROVIDED.

IT WOULD BE DESIRABLE TO HAVE SOME SORT OF TEMPORARY
SCREEN WHICH COULD BE PULLED IN FRONT OF THE PLAY AREA ON
SOME OCCASIONS WHEN THE ROOM WOULD BE USED FOR INTERVIEWS
WITH ADULTS. ALL EQUIPMENT IN THE PSYCHIATRISTS' OFFICES
SHOULD BE AT LEAST AS SAFE, EASY TO CLEAN AND DURABLE AS
THAT IN THE NURSERY SCHOOL ROOMS.

SOCIAL WORKERS' ROOMS--IN DESIGNING THE SOCIAL WORKERS'
ROOMS TWO CONSIDERATIONS SHOULD BE KEPT IN MIND. IT IS NECESSARY THAT THE WALLS BE SUCH THAT CONVERSATIONS FROM THE
NEXT OFFICE CANNOT BE HEARD, SINCE THE MOTHERS MUST FEEL
THAT THEIR TALKS WITH THE SOCIAL WORKER ARE ABSOLUTELY CON-
FIDENTIAL BEFORE THEY FEEL FREE TO DISCUSS THEIR PROBLEMS.
FOR THE SAME REASON THE ROOMS SHOULD HAVE A VERY PLEASANT
CHARACTER WITH A FEELING OF INTIMACY. THERE CAN BE SOME-
WHAT LESS CONCERN OVER THE EFFECT OF CHILDREN ON THE FUR-
NISHINGS THAN IN THE OTHER ROOMS, SINCE CHILDREN RARELY
PLAY IN THE SOCIAL WORK ROOMS. IT IS FELT THAT IT IS BET-
TER TO HAVE THESE ROOMS QUITE SMALL, SINCE THIS SEEMS TO
ADD TO THE FEELING OF INTIMACY.
**Psychologist's Office**—In planning the psychologist's office, the testing room should be made cheerful and comfortable in order to set the child as much at his ease as possible, and to reassure the mother, but there should be nothing in the room which would distract the child's attention from the test situation. (This is probably a difficult combination to achieve, but in a compromise non-distraction is probably more important than any attempt to be gay.)

**Observation Booths**—It is desirable that the children be completely unaware visually and auditorily of the presence of observers, because some children are upset on noticing the observers behind the screen. There are various ways to handle the problem, one being to use painted screen to separate the observation room from the room being observed. This is the cheapest way to do it, and it provides ventilation and enables the observer to hear through the screen. It seems to be quite satisfactory as far as preventing the child from seeing the observer, but it does not provide as good vision for the observer as does a half-silvered mirror. The second possibility is to use a view panel with louvered openings into the room for ventilation and hearing. The above two types of construction prevent the child from seeing the observer, but do not prevent him from hearing noises in the observation booth. Hence, such rooms must have sound deadening surfaces, carpet on the
Floor particularly, to prevent chair scraping, and rubber gaskets on the door to prevent the closing of the door being heard. A far superior approach, not much more expensive, is to isolate the observation room entirely, providing a double-glass viewing panel and mechanical ventilation, or venting it to another room or outside. A small loudspeaker with a loudspeaker in the room being observed to act as a microphone could be provided very inexpensively. The inside finish, of course, should be black and even when it is sound insulated from the room, it would be desirable to have noise-deadening by rugs and stops. Any note-taking lights should be of very low intensity and well-shielded, especially in such a manner as to throw no light upon the faces of the observers, since the faces, light in color, reflect considerable light.

In a center of this type observation rooms serve various purposes. Those in the nursery school are small, to be occupied by one or two people, because it is undesirable to have several mothers in one booth at any time. They are primarily for psychiatrists, student-observers, and note-taking. Since booths in the psychiatrists' offices would be used primarily for research, they would need to be large enough for only one person. It is also desired to have one large treatment room with a large observation booth which has facilities for making recordings and taking movies of the therapy sessions from the observation room. In the
CONSTRUCTION OF THE OBSERVATION ROOM, THIS PRESENTS NO PARTICULAR DIFFICULTIES. THE LARGE THERAPY ROOM, OF COURSE, MUST BE WELL LIGHTED.

Baths—The need for more than usual numbers of toilets in the nursery school rooms has already been pointed out. As far as adult baths are concerned ordinary standards are sufficient. However, all baths are likely to be visited in therapy and hence bathrooms are not designated for men and women; (If there were segregated toilets therapists could not take children into some bathrooms, and reassurance that bathrooms are safe places often requires that all bathrooms be visited.) For this reason toilets should not be grouped, but several one-fixture toilet rooms (i.e. water closet and lavatory) might be placed along a hall (although, it is difficult to achieve natural ventilation in most plans with this arrangement.) Another possible solution would be to have small toilet rooms to be used by either men or women opening off a small lounge area. The smaller unsegregated bathrooms exhibit no departure from residential character as do larger groupings of fixtures.
VI. THE IN-PATIENT RESIDENCE

The resident care which the Center provided during the early period of its existence was dropped only because of lack of space and funds, and the staff would like very much to be able to offer it again.

Children who would be served by it would be those who lived beyond the Boston area so that they would be unable to come to the Center for either diagnosis or treatment, those whose parents were forced to move from Boston while treatment was going on, and those who could not be cared for at home, either temporarily or for a longer period of time.

The capacity of the home would be eight children, ranging in age from two to five or six years of age. Most of them would stay from two months to two years. The mothers would not stay in the home, except occasionally for very short periods of time, and one room only is provided for parents.

Such a building should present almost ideal conditions for caring for disturbed children. Ordinarily such expensive treatment would not be economically justified, but the purpose of this in-patient residence is not only treatment, but treatment combined with extensive research. The worst problems would here receive the best type of treatment in a situation which would permit detailed twenty-four hour study in a home-like environment.
It is desired that the residence be as much like a home as possible in feeling. The playrooms, for example, should have more the character of living rooms than those in the center proper. While in the nursery school teachers sit on child-scaled chairs and at child-scaled tables, the residence play rooms would be provided with some adult scale furniture. Reconciling such incompatables as ordinary living room furniture and the probable rough usage of playroom activities would be an interesting design problem.

The facilities and playgrounds of the center and the residence would be completely separate, and the children in residence would go to the larger building for therapy and nursery school attendance on certain days each week as if they were coming from their own homes.

Program

The program for the in-patient building is much more tentative and less detailed because of the relative lack of experience concerning the needs and arrangement of such a residence.

Two small playrooms—in character these would be combination nursery school room—living rooms, and would be used for quiet play and eating. They might be one large room divided by a folding partition. Equipment would probably consist of a piano, phonograph, comfortable chairs for both adults and children, child-scale tables and storage
FOR TOYS AND PLAY EQUIPMENT.

Large Playroom—This room would be equipped for active play with a workbench, swings, mats, a slide, a jungle gym, and ample water play facilities.

Bedrooms—There should be two single and three double bedrooms. Each could be quite small with storage for clothing and a youth bed or crib for each child. These rooms should be so placed as to be easily supervised from the student's rooms.

Student Bedrooms—Near the children's rooms would be two bedroom-sitting rooms for students who would live in and be responsible for the children during the night.

Apartment—An apartment consisting of living room, bedroom, bath and small kitchen would be provided for the couple in charge of the residence.

Cook's Bedroom—a bedroom-sitting room and private bath should be available for the cook-housekeeper.

Guest Room—There should be one guest room for visiting parents.

Kitchen—the kitchen would be similar to that of any large residence, with all the safety precautions taken at the center proper.

Therapy Room—one therapy room similar to those at the center is needed.

Social Worker's Room—one social worker's room for
INTERVIEWING MOTHERS WHO MAY VISIT THE RESIDENCE IS DESIRED.

BATHROOMS—IN ADDITION TO BATHS ATTACHED TO THE APARTMENT AND THE COOK'S ROOM, THERE SHOULD PROBABLY BE TWO BATHS WITH CHILD-SCALE FIXTURES, AND TWO ADULT BATHS. THE NUMBER AND LOCATION DEPEND UPON THE TYPE OF DESIGN AND THE PLACEMENT OF THE OTHER ROOMS.
NURSERY SCHOOL DETAILS

SOUTH ELEVATION

NURSERY SCHOOL UNIT & PLAYROOM PLAN

SECTION A-A

ROOF FRAMING PLAN

HEATING PLAN
DETAILS OF TYPICAL NURSERY SCHOOL UNIT
DETAILS OF TYPICAL ROOMS
AND PARTIAL ELEVATION